

# **EXHIBIT 9**

Sara Do vs. Arizona Board of Regents  
Sara Do

July 10, 2023

CV-22-00190-PHX-JJT

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IN THE UNITED STATES DISTRICT COURT  
FOR THE DISTRICT OF ARIZONA

Sara Do, an individual,

Plaintiff,

v.

Arizona Board of Regents, an  
Arizona State Entity; et al.,

Defendants.

No.  
CV-22-00190-PHX-JJT

10

IN THE SUPERIOR COURT OF THE STATE OF ARIZONA

11

IN AND FOR THE COUNTY OF MARICOPA

12

Sara Do, an individual,

13

Plaintiff,

14

v.

15

Arizona Board of Regents, an  
Arizona State Entity;  
Dr. Kimberly Day, an unmarried  
person; Dr. Salina Bednarek and  
Joshua Bednarek, wife and  
husband; Dr. Margaret Morris  
and Phillip Morris, wife and  
husband; Candace Keck and  
Jonathan Keck, wife and  
husband,

21

Defendants.

No. CV2022-009424  
VIDEOTAPED DEPOSITION  
OF SARA DO  
VOLUME 1  
(Pages 1 through 248  
Inclusive)  
Phoenix, Arizona  
July 10, 2023

22

23

Prepared by:

24

Meri Coash, RMR, CRR

25

Certified Reporter

Certification No. 50327

**CERTIFIED  
TRANSCRIPT**

Sara Do vs. Arizona Board of Regents  
Sara Do

July 10, 2023

CV-22-00190-PHX-JJT  
2

## I N D E X

WITNESS PAGE

SARA DO

Examination by Ms. Windtberg 8

## EXHIBITS MARKED

EXHIBITS DESCRIPTION PAGE

Exhibit 1 2020-21 The Master of Science in Nursing Degree Handbook  
ABOR000160 - 000230 19

Exhibit 2 Application documents to MEPN program  
ABOR000639 - 000665 28

Exhibit 3 Email from Sara Do to Allison Reynolds dated 12-16-20  
ABOR000327 36

Exhibit 4 Email string ending from Sara Do to Salina Bednarek dated 12-21-20  
ABOR000328 - 000329 41

Exhibit 5 Email string ending from Salina Bednarek to Sara Do dated 12-22-20  
ABOR001695 - 0001696 43

Exhibit 6 Email string ending from Salina Bednarek to Sara Do and Susan Mahieu-Phillips dated 12-22-20  
ABOR000332 - 000334 46

Exhibit 7 Medical record from Mohammad Dardari  
DGFM000106 - 000108  
CONFIDENTIAL 63

Exhibit 8 Medical records from Tri-City Cardiology Consultants  
TCC000034 - 000037  
CONFIDENTIAL 67

Sara Do vs. Arizona Board of Regents  
Sara Do

July 10, 2023

CV-22-00190-PHX-JJT  
3

1	Exhibit 9	Medical records from Premier	71
2		Cardiovascular Center	
3		PCC000002 - 000005	
		CONFIDENTIAL	
4	Exhibit 10	Email string ending from Bernadette	85
5		Hinojosa to Salina Bednarek dated	
6		7-12-21	
		ABOR000009	
7	Exhibit 11	SAILS office documents	89
		ABOR009721 - 009726	
8	Exhibit 12	First Amended Complaint	95
9		Case No. 2:22.cv-00190-JJT	
10	Exhibit 13	Letter from Ziad El Khoury dated	105
11		2-11-21	
		ABOR000237	
12	Exhibit 14	Statement of Health Clearance Form	108
		ABOR000442 - 000447	
13	Exhibit 15	Email string ending from Sara Do to	124
14		Kimberly Day, dated 7-23-21, with	
15		attachments	
		ABOR003138 - 003146	
16	Exhibit 16	Email from Sara Do to Salina	168
17		Bednarek dated 7-24-21	
		ABOR000558 - 000559	
18	Exhibit 17	Course Syllabus - NUR 478	172
		ABOR000150 - 000159	
19	Exhibit 18	Email from Sara Do to Cindy Eaton,	177
20		dated 7-29-21, with attachments	
		Do_006300 - 006310	
21	Exhibit 19	Email string ending from Sara Do to	193
22		Salina Bednarek dated 8-4-21	
		Do_006313 - 006316	
23	Exhibit 20	Plaintiff Sara Do's responses to	236
24		Defendant Arizona Board of Regents'	
25		First Set of Special Interrogatories	
		Case No. 2:21-cv-00190-JJT	

Sara Do vs. Arizona Board of Regents  
Sara Do

July 10, 2023

CV-22-00190-PHX-JJT  
4

1 VIDEOTAPED DEPOSITION OF SARA DO  
2 was taken on July 10, 2023, commencing at 9:14 a.m., at  
3 the law officer of Osborn Maledon, PA, 2929 North Central  
4 Avenue, Phoenix, Arizona, before Meri Coash, a Certified  
5 Reporter in the State of Arizona.

6

7

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\* \* \*

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Sara Do vs. Arizona Board of Regents  
Sara Do

July 10, 2023

CV-22-00190-PHX-JJT  
38

09:54:42 1 Q. Do you have any specific recollection of what  
09:54:44 2 courses you were taking during the spring of 2021?

09:54:47 3 A. I don't recall without seeing my schedule. I'm  
09:54:49 4 sorry.

09:54:50 5 Q. If I were to represent to you that you were  
09:54:52 6 taking NUR 542, which was an OB course, during the spring  
09:54:58 7 of 2021, would that sound correct to you?

09:55:00 8 A. Yes.

09:55:01 9 Q. And I believe you also participated in a  
09:55:06 10 dedicated education unit at the Phoenix Children's  
09:55:09 11 Hospital during that same semester. Is that right?

09:55:12 12 A. I believe so.

09:55:13 13 Q. And I've seen that referred to as the DEU. Is  
09:55:20 14 that familiar to you?

09:55:21 15 A. Yes, it is.

09:55:21 16 Q. Did you have the DEU -- was that an optional  
09:55:25 17 course?

09:55:25 18 A. Yes, it was.

09:55:26 19 Q. And how did you get into that course?

09:55:28 20 A. I applied for it.

09:55:29 21 Q. And you were accepted into it?

09:55:31 22 A. Yes, I was.

09:55:32 23 Q. And were -- Did the DEU include in-person  
09:55:38 24 clinicals?

09:55:39 25 A. Yes, it did.

Sara Do vs. Arizona Board of Regents  
Sara Do

July 10, 2023

CV-22-00190-PHX-JJT  
39

09:55:40 1 Q. And what about NUR 542, the OB course? Did it  
09:55:44 2 include in-person clinicals?

09:55:46 3 A. Yes.

09:55:47 4 Q. Heading into those in-person clinical  
09:55:51 5 opportunities then in that spring of 2021, did you have  
09:55:55 6 any concerns about contracting COVID-19?

09:55:57 7 A. Yes, I did.

09:55:58 8 Q. And at that point in time -- Let me be clear  
09:56:03 9 about what point in time I'm talking about: the start of  
09:56:06 10 the spring semester, so January of 2021. Am I correct  
09:56:12 11 that the COVID vaccine had just been released here in  
09:56:16 12 Arizona?

09:56:19 13 A. What was the date?

09:56:20 14 Q. I'm focusing on the start of your spring  
09:56:22 15 semester, so that would have been early January of 2021.

09:56:25 16 A. And when are you asking for the COVID vaccine  
09:56:28 17 rollout?

09:56:30 18 Q. I'm asking if you recall if it was rolled out  
09:56:32 19 shortly before you started your spring semester.

09:56:34 20 A. Yes, it was.

09:56:36 21 Q. And it was -- it was rolled out in, I believe,  
09:56:39 22 December of 2020, correct?

09:56:41 23 A. Yes.

09:56:41 24 Q. Were you hoping to receive the COVID-19 vaccine  
09:56:46 25 prior to attending your in-person clinicals?

Sara Do vs. Arizona Board of Regents  
Sara Do

July 10, 2023

CV-22-00190-PHX-JJT  
40

09:56:49 1 A. Yes.

09:56:50 2 Q. And did you take any steps to try to determine  
09:56:55 3 whether you would be eligible for receiving that vaccine?

09:56:58 4 A. Yes.

09:56:59 5 Q. What did you do?

09:57:01 6 A. I can't recall specifically what I did.

09:57:04 7 Q. Can you recall generally what you did?

09:57:08 8 A. I researched a little bit online and looked  
09:57:19 9 through -- I believe it was the Maricopa County health and  
09:57:24 10 human services department to see if nursing students would  
09:57:30 11 be eligible for the first phase of the rollout.

09:57:36 12 Q. Did you contact any of the facilities where you  
09:57:45 13 would be participating in in-person clinicals for the  
09:57:48 14 spring 2021 semester to see if they could provide you any  
09:57:54 15 information about the COVID vaccine and your eligibility?

09:57:58 16 A. I have a vague recollection that I did.

09:58:01 17 Q. Did you ask anyone at Edson about whether nursing  
09:58:09 18 students would be eligible to receive the vaccine?

09:58:12 19 A. I believe I did.

09:58:13 20 Q. Do you recall who you asked?

09:58:14 21 A. Not specifically.

09:58:16 22 Q. Is it true that during the winter break in  
09:58:32 23 2020 -- so between the fall 2020 semester and the spring  
09:58:36 24 2021 semester -- that you reached out to Dr. Salina  
09:58:40 25 Bednarek, who was then the director of prelicensure



Sara Do vs. Arizona Board of Regents  
Sara Do

July 10, 2023

CV-22-00190-PHX-JJT  
43

10:01:37 1 A. Yes, you did.

10:01:38 2 Q. What did you mean when you said that getting the  
10:01:40 3 vaccine was a high priority?

10:01:50 4 A. I -- it was important to me to protect my --  
10:01:54 5 myself, my children, my parents, and my future patients  
10:02:03 6 that I would be caring for.

10:02:05 7 Q. And so you wanted to receive the vaccine prior to  
10:02:10 8 going into those clinicals, correct?

10:02:13 9 A. Yes.

10:02:13 10 MR. ENGLAND: When you get to a good point,  
10:02:27 11 could we take just a quick five-minute break?

10:02:31 12 MS. WINDTBERG: Sure. We can do the break  
10:02:33 13 right now. Go off the record.

10:02:33 14 THE VIDEOGRAPHER: We are off the record.  
10:02:35 15 The time on the video monitor is 10:02 a.m.

10:02:39 16 (A recess ensued.)

10:15:40 17 THE VIDEOGRAPHER: We are on the record.  
10:15:45 18 The time on the video monitor is 10:15 a.m.

10:15:49 19 MS. WINDTBERG: Okay. Ms. Do, we're going  
10:15:52 20 to hand you what's been marked as Exhibit Number 5 to your  
10:15:54 21 deposition. It's marked with Bates Numbers ABOR 1695  
10:16:00 22 through ABOR 1696.

23 THE WITNESS: Thank you.

24 (Deposition Exhibit 5 was marked for  
10:16:10 25 identification.)

Sara Do vs. Arizona Board of Regents  
Sara Do

July 10, 2023

CV-22-00190-PHX-JJT  
48

10:21:26 1 contacted to indicate which one of the five local  
10:21:29 2 immunization pods I should go to in order to obtain the  
10:21:33 3 vaccine." Did I read that correctly?

10:21:35 4 A. Yes.

10:21:35 5 Q. Do you remember what the prescreen tool was?

10:21:42 6 A. I believe it was through the Maricopa County  
10:21:48 7 health and human services department, but I'm not a  
10:21:51 8 hundred percent sure that was the correct department. But  
10:21:54 9 I do believe it was through the -- the county to check and  
10:21:58 10 see if you were eligible for a vaccine.

10:22:02 11 Q. Do you recall if, at the time you sent this email  
10:22:04 12 on December 22nd of 2020, you had begun the process to try  
10:22:10 13 to register to receive the vaccine?

10:22:13 14 A. I don't remember the dates that I actually filled  
10:22:17 15 out anything.

10:22:19 16 Q. Okay. You say here in this email, though, that  
10:22:21 17 you filled out the prescreen tool, correct?

10:22:24 18 A. Yes.

10:22:24 19 Q. Do you have any reason to doubt that you had  
10:22:26 20 already filled out the prescreen tool as of the date that  
10:22:30 21 you sent this email?

10:22:32 22 A. Hold on.

10:22:34 23 No. If I said that I filled it out, then I  
10:22:37 24 had already filled it out.

10:22:38 25 Q. When did you receive the COVID-19 -- your first

Sara Do vs. Arizona Board of Regents  
Sara Do

July 10, 2023

CV-22-00190-PHX-JJT  
49

10:22:42 1 shot of the COVID-19 vaccine?

10:22:44 2 A. It was December 28th, 2020, and my appointment  
10:22:49 3 time was at 3:16 p.m.

10:22:52 4 Q. And you answered my next question. You needed an  
10:22:54 5 appointment to get that vaccine, correct?

10:22:56 6 A. Yes.

10:22:56 7 Q. Do you recall when you made that appointment?

10:22:59 8 A. I don't.

10:23:00 9 Q. Which vaccine did you receive?

10:23:03 10 A. Pfizer.

10:23:06 11 Q. And December 28th of 2020 was during your winter  
10:23:09 12 break, correct?

10:23:10 13 A. I don't remember the dates. I'm sorry.

10:23:12 14 Q. You're typically on winter break at the end of  
10:23:16 15 December leading into the beginning of January, correct?

10:23:19 16 A. I think so. So it's probably right. I have no  
10:23:25 17 reason to think otherwise.

10:23:26 18 Q. Okay. If you would turn back to Exhibit  
10:23:34 19 Number 5, please. I just want to make sure we're all on  
10:23:38 20 the same page.

10:23:39 21 If you look at the second page of Exhibit  
10:23:42 22 Number 5, there is an email from December 17th, 2020, from  
10:23:47 23 Salina Bednarek that starts "Greetings MEPN Cohort 2  
10:23:53 24 Students." Do you see that?

10:23:54 25 A. Yes.

Sara Do vs. Arizona Board of Regents  
Sara Do

July 10, 2023

CV-22-00190-PHX-JJT  
50

10:23:54 1 Q. And the first line of her email is "I hope this  
10:23:56 2 email finds you well and enjoying a much-needed winter  
10:24:00 3 break." Do you see that?  
10:24:01 4 A. Yes.  
10:24:02 5 Q. Does that refresh your recollection at all as to  
10:24:04 6 whether it was winter break when you received your COVID  
10:24:07 7 vaccine?  
10:24:07 8 A. I think it was. I'm pretty sure it was.  
10:24:15 9 Q. Do you recall whether you were taking any classes  
10:24:22 10 at the time that you received the vaccine?  
10:24:23 11 A. I don't recall that.  
10:24:25 12 Q. You don't recall that you were taking classes, or  
10:24:28 13 you don't recall one way or the other?  
10:24:30 14 A. One way or the other. I really -- I mean, the  
10:24:36 15 dates seem to fall into line with a break, but without  
10:24:39 16 seeing that in front of me, I couldn't say, like, a  
10:24:42 17 hundred percent that it was, but I believe it was.  
10:24:44 18 Q. Where did you get the vaccine?  
10:24:47 19 A. I got the vaccine -- I believe it was at  
10:24:49 20 Chandler-Gilbert Community College, in their parking lot.  
10:24:53 21 Q. Was it one of those drive-up vaccine events?  
10:24:58 22 A. Yes.  
10:24:58 23 Q. And were you driving the vehicle?  
10:25:01 24 A. No, my dad was.  
10:25:02 25 Q. The day that you received the vaccine, did your

Sara Do vs. Arizona Board of Regents  
Sara Do

July 10, 2023

CV-22-00190-PHX-JJT  
51

10:25:06 1 dad also receive the vaccine?

10:25:07 2 A. No, he didn't.

10:25:08 3 Q. And is that because at the time the vaccine was  
10:25:11 4 only available for certain individuals such as doctors or  
10:25:14 5 nurses or other people who might be in direct contact with  
10:25:19 6 patients?

10:25:19 7 A. That would make sense, but I can't really speak  
10:25:22 8 for my dad either. I think that would make the most  
10:25:25 9 sense, though, that that's why he didn't. But if -- I  
10:25:29 10 don't know.

10:25:29 11 Q. Do you recall how it was that you were able to  
10:25:31 12 get the vaccine in December of 2020?

10:25:33 13 A. I was a nursing student.

10:25:38 14 Q. And you weren't working at the vaccination event  
10:25:42 15 that day, correct?

10:25:43 16 A. Correct.

10:25:43 17 Q. Do you recall seeing other Edson College students  
10:25:46 18 or possibly faculty members at the vaccination event?

10:25:50 19 A. Yes.

10:25:51 20 Q. And you actually spoke with an Edson faculty  
10:25:55 21 member at the vaccination event, correct?

10:25:57 22 A. Yes.

10:25:58 23 Q. Who was that?

10:25:58 24 A. I believe that it was Leslie Barnum.

10:26:05 25 Q. Professor Barnum is someone we just saw in

Sara Do vs. Arizona Board of Regents  
Sara Do

July 10, 2023

CV-22-00190-PHX-JJT  
52

10:26:10 1 Exhibit Number 6, correct?

10:26:12 2 A. Yes.

10:26:13 3 Q. She was associated with the DEU rotation at  
10:26:17 4 Phoenix Children's Hospital?

10:26:18 5 A. Yes, I believe that it was her.

10:26:20 6 Q. Tell me about what happened when you went to get  
10:26:22 7 the vaccine.

10:26:23 8 A. How far back do you want me to go?

10:26:30 9 Q. Let's start with when you received the vaccine.

10:26:33 10 A. Okay. From the point that they injected me?

10:26:36 11 Q. Sure.

10:26:36 12 A. Okay. So the nursing student injected the  
10:26:41 13 vaccine into my right deltoid, and within a minute or two,  
10:26:47 14 I felt my heart start racing. And they had instructed us  
10:26:55 15 if we felt any kind of -- anything that felt off, as we  
10:27:00 16 pulled forward to the area to wait, to honk our horn and  
10:27:05 17 that medical personnel would come over.

10:27:10 18 So I was given the injection, and my dad  
10:27:13 19 drove forward and put the car in park. And I believe I  
10:27:20 20 told him something like "Something's wrong with my heart."  
10:27:25 21 And I said, "Honk the horn. Something's happening with my  
10:27:29 22 heart."

10:27:35 23 And I don't remember if he honked the horn  
10:27:38 24 or if somebody was right there. I don't remember exactly  
10:27:41 25 what happened, but very quickly I had paramedics at my

Sara Do vs. Arizona Board of Regents  
Sara Do

July 10, 2023

CV-22-00190-PHX-JJT  
53

10:27:48 1 side while I was in the car. And --

10:27:50 2 Q. You were still in the vehicle?

10:27:52 3 A. I was still in the vehicle. I explained to them  
10:27:56 4 that my heart felt like it was racing and that it wasn't  
10:28:00 5 beating right. They put a 12-lead EKG on me very quickly,  
10:28:07 6 and one of the paramedics said -- excuse me -- "She's in  
10:28:13 7 A-fib."

10:28:18 8 Sorry.

10:28:19 9 So at that point, they put me in the back of  
10:28:23 10 the ambulance and they continued to have a monitor on me  
10:28:29 11 while we drove to the hospital, and I had a monitor  
10:28:35 12 sitting on the gurney with me between my legs. And the --  
10:28:44 13 I don't know if he was a paramedic or what his title was,  
10:28:48 14 but he was sitting behind me in the back of the ambulance,  
10:28:53 15 and I heard him say -- I'm assuming to the driver or if  
10:28:56 16 there was a passenger -- "She's in V-tach." And I looked  
10:29:01 17 at the monitor, and I saw the Vs going across the screen  
10:29:05 18 to indicate ventricular tachycardia. And as soon as I saw  
10:29:10 19 it, it went back into a more -- into a nonlethal rhythm.

10:29:15 20 Q. What do you mean when you say you saw it go back  
10:29:27 21 into a nonlethal rhythm?

10:29:29 22 A. We had just learned about EKG readings in our  
10:29:32 23 previous semester. And it was my understanding that  
10:29:36 24 ventricular tachycardia was a lethal rhythm if the patient  
10:29:40 25 does not get cardioverted out of that rhythm. There are

Sara Do vs. Arizona Board of Regents  
Sara Do

July 10, 2023

CV-22-00190-PHX-JJT  
58

10:35:14 1 A. He was a physician -- a physician and would  
10:35:22 2 just -- he kept me stocked on all kinds of stuff for  
10:35:25 3 emergency purposes.

10:35:26 4 Q. Was there any concern about your heart that led  
10:35:29 5 you to need to have this Kardia device?

10:35:34 6 A. Not necessarily that I can recall specifically.

10:35:37 7 Q. There's a lot of qualification there, so I want  
10:35:41 8 to make sure I understand.

10:35:42 9 Your ex-husband provided you with a  
10:35:47 10 Kardia -- is "device" the right term?

10:35:49 11 A. Yes.

10:35:49 12 Q. And you don't recall why you might have had a  
10:35:53 13 cardiac monitor that he would have given you?

10:35:55 14 A. I don't recall the original reason that he ever  
10:35:57 15 gave it to me.

10:35:58 16 Q. Do you recall when he gave it to you?

10:36:00 17 A. I don't.

10:36:00 18 Q. Do you recall the last time you used it prior to  
10:36:04 19 going to receive your COVID-19 vaccine?

10:36:07 20 A. I don't.

10:36:07 21 Q. Is it possible that you used it during the month  
10:36:10 22 of December of 2020?

10:36:11 23 A. I don't recall.

10:36:12 24 Q. Prior to December 20th -- excuse me.

10:36:33 25 Prior to December 28th of 2020, had you had



10:36:37 1 any issues with your heart?

10:36:38 2 A. I had seen a cardiologist previously for -- like  
10:36:50 3 when my primary care doctor would refer me out for any  
10:36:55 4 reason.

10:36:57 5 Q. And why did you see a cardiologist prior to  
10:37:00 6 December 28th of 2020?

10:37:01 7 A. I had thyroid cancer when I was 26, and if my  
10:37:09 8 thyroid was ever off, if my levels were off, I could get  
10:37:14 9 intermittent PVCs. And I would always go to the doctor  
10:37:21 10 just to have them checked, and my doctors would always  
10:37:26 11 refer everything out for the most part. So they would  
10:37:31 12 send me to the cardiologist just to have it checked.

10:37:34 13 Q. And you said "PVCs." What are PVCs?

10:37:37 14 A. Premature ventricular contractions. They may  
10:37:43 15 call them complexes now.

10:37:46 16 Q. Premature ventricular complexes?

10:37:49 17 A. Yeah. They kind of go back and forth with them.

10:37:50 18 Q. What is a premature ventricular complex?

10:37:53 19 A. It's an -- it's -- it's basically where your --  
10:38:02 20 you have like a battery in your heart, and it fires  
10:38:06 21 prematurely and it causes your -- your ventricles to  
10:38:13 22 squeeze before they're supposed to, and then your heart  
10:38:17 23 pauses to catch up with the regular rhythm that it had  
10:38:23 24 been in previously.

10:38:26 25 Q. You said that you had gotten PVCs at some point

Sara Do vs. Arizona Board of Regents  
Sara Do

July 10, 2023

CV-22-00190-PHX-JJT  
60

10:38:43 1 after you were diagnosed with thyroid cancer, correct?

10:38:52 2 A. I believe that was when -- I don't know. I don't  
10:38:55 3 know the dates. I'm sorry. I'm not trying to be evasive.  
10:38:59 4 I just don't know. But I recall that that's when I had  
10:39:03 5 seen a cardiologist.

10:39:05 6 Q. We were just talking about the PVCs. At various  
10:39:13 7 places in your lawsuit, you refer to having arrhythmia,  
8 correct?

10:39:18 9 A. Yes.

10:39:18 10 Q. Is it fair to say that a PVC is a type of  
10:39:23 11 arrhythmia?

10:39:24 12 A. Yes.

10:39:25 13 Q. And with respect to your condition that you  
10:39:28 14 experience, can those two terms be used interchangeably:  
10:39:34 15 "PVCs" and "arrhythmia"?

10:39:37 16 MR. ENGLAND: When you say the "condition,"  
10:39:40 17 I'm vague on which time frame you're talking about. So  
10:39:42 18 maybe that would help clarify.

10:39:44 19 MS. WINDTBERG: Sure.

10:39:45 20 BY MS. WINDTBERG:

10:39:45 21 Q. So let's -- let's focus on the time frame shortly  
10:39:48 22 following December 28th of 2020, over the course of the  
10:39:52 23 next several months.

10:39:54 24 A. What was the question?

10:39:57 25 Q. You said that a PVC is a type of arrhythmia, and

Sara Do vs. Arizona Board of Regents  
Sara Do

July 10, 2023

CV-22-00190-PHX-JJT  
61

10:39:59 1 I'm just trying to understand if the terms "PVC" and  
10:40:02 2 "arrhythmia" can be used interchangeably to describe the  
10:40:05 3 condition that you were experiencing at that time.  
10:40:07 4 A. I'm a little confused on -- like, I get what  
10:40:14 5 you're asking, but it's hard for me to answer. So any  
10:40:18 6 kind of abnormality would be an arrhythmia. Not all  
10:40:24 7 arrhythmias are premature ventricular contractions,  
10:40:28 8 though. You can have any number of arrhythmias that would  
10:40:32 9 be a different type of arrhythmia.  
10:40:34 10 Q. But I believe you said that PVCs are a type of  
10:40:38 11 arrhythmia?  
10:40:39 12 A. Yes.  
10:40:39 13 Q. And you've said that you had PVCs prior to  
10:40:54 14 receiving the COVID vaccine, correct?  
10:40:56 15 A. Yes.  
10:40:57 16 Q. And is it true that you've had irregular heart  
10:41:06 17 rhythm since you were a child?  
10:41:09 18 A. I don't know what I may have had as a child.  
10:41:14 19 Q. You don't know whether you had an irregular --  
20 A. Not specifically --  
10:41:17 21 Q. -- heart rhythm as a child?  
10:41:18 22 A. No. My -- not specifically. I've never seen any  
10:41:21 23 medical records from when I was a child.  
10:41:23 24 Q. Do you know generally whether you had issues with  
10:41:25 25 your heart when you were a child?

Sara Do vs. Arizona Board of Regents  
Sara Do

July 10, 2023

CV-22-00190-PHX-JJT  
62

10:41:27 1 A. I don't think I ever saw a cardiologist. I -- my  
10:41:31 2 mom said that I would say my chest hurt when I was  
10:41:35 3 running, that my heart hurt.

10:41:36 4 Q. Have you ever told anyone that you had heart  
10:41:39 5 issues when you were a child?

10:41:40 6 A. I don't recall if I have said that. However,  
10:41:46 7 like what I just said to you, my mom has said that my  
10:41:53 8 heart -- that I would say my heart hurts. So it's not  
10:41:59 9 impossible that I've said that; I just don't recall ever  
10:42:02 10 saying that.

10:42:03 11 Q. As you sit here today, do you believe that the  
10:42:27 12 COVID-19 vaccine caused your PVCs?

10:42:31 13 A. I believe that the condition that I had -- that I  
10:42:36 14 developed after the COVID vaccine was attributed directly  
10:42:41 15 to the vaccine.

10:42:41 16 Q. What is the condition that you contend you  
10:42:46 17 developed after the COVID vaccine?

10:42:47 18 A. The PVCs became out of control, and for the first  
10:42:52 19 time in my life, I required heart medication to try and  
10:42:56 20 control them.

10:42:57 21 Q. Okay. But now I want to go back to the original  
10:43:01 22 question I asked, because I don't think you really  
10:43:03 23 answered it.

10:43:03 24 Do you believe that the COVID-19 vaccine  
10:43:06 25 caused your PVCs?

Sara Do vs. Arizona Board of Regents  
Sara Do

July 10, 2023

CV-22-00190-PHX-JJT  
63

10:43:09 1 MR. ENGLAND: Objection. Vague.

10:43:11 2 You can answer.

10:43:13 3 THE WITNESS: I'm not sure how to answer  
10:43:23 4 that because I had them off and on if I drank too much  
10:43:30 5 caffeine or if my thyroid was off previously. So in  
10:43:35 6 general, no. But the exacerbation, yes.

10:43:41 7 BY MS. WINDTBERG:

10:43:49 8 Q. You said "In general, no." In general, no, you  
10:43:52 9 don't believe that the COVID-19 vaccine caused your PVCs,  
10 10 correct?

10:43:58 11 And I'm just trying to clarify what you just  
10:44:01 12 said.

10:44:02 13 A. That's what I said.

10:44:06 14 Q. In general, you believe that the exacerbation of  
10:44:10 15 your PVCs was caused by that vaccine, correct?

10:44:13 16 A. Yes.

10:44:14 17 Q. I'm going to show you what we will mark as  
10:44:23 18 Exhibit Number 7 to your deposition. Exhibit Number 7 is  
10:44:28 19 marked with Bates Numbers DGFM 106 through DGFM 108.

20 (Deposition Exhibit 7 was marked for  
10:44:49 21 identification.)

10:44:49 22 BY MS. WINDTBERG:

10:44:53 23 Q. Have you seen Exhibit 7 before?

10:44:55 24 A. I don't think so.

10:44:56 25 Q. I'll represent to you that this is a medical

Sara Do vs. Arizona Board of Regents  
Sara Do

July 10, 2023

CV-22-00190-PHX-JJT  
64

10:44:59 1 record we subpoenaed from one of your providers that you  
10:45:03 2 disclosed to us, specifically Desert Grove Family Medical.  
10:45:07 3 Is that a medical provider that you see?

10:45:10 4 A. I've never heard of this specific doctor up here,  
10:45:16 5 but Desert Grove is the facility where I do see my  
10:45:20 6 providers.

10:45:21 7 Q. And the provider listed on Exhibit Number 7 is  
10:45:24 8 Mohammad Dardari. Do you see that?

10:45:27 9 A. Yes.

10:45:27 10 Q. Is that who you were referring to that you don't  
10:45:29 11 recall specifically?

10:45:30 12 A. Yes.

10:45:30 13 Q. Do you have any reason to doubt that you saw  
10:45:34 14 Dr. Dardari?

10:45:35 15 A. No.

10:45:35 16 Q. And this record, Exhibit Number 7, says the  
10:45:39 17 patient's name is Sara Do, correct?

10:45:41 18 A. Yes.

10:45:42 19 Q. That's you?

10:45:43 20 A. Yes.

10:45:44 21 Q. And the appointment date for this record is  
10:45:50 22 October 26th of 2020. Do you see that?

10:45:52 23 A. Yes.

10:45:52 24 Q. Now, if you turn to the second page of Exhibit  
10:45:58 25 Number 7, DGFM 107, there are various headings. You can

Sara Do vs. Arizona Board of Regents  
Sara Do

July 10, 2023

CV-22-00190-PHX-JJT  
65

10:46:09 1 see "Obstetric History," "Family History," "Social  
10:46:13 2 History." Do you see where I'm looking?  
10:46:14 3 A. Yes.  
10:46:15 4 Q. "Surgical History," "Past Medical History," and  
10:46:19 5 then it says "HPI." Do you see that?  
10:46:25 6 A. Yes.  
10:46:25 7 Q. Underneath "HPI" there's a paragraph. And  
10:46:28 8 looking partway through that paragraph, about halfway  
10:46:31 9 through -- starts on the sixth line of that paragraph --  
10:46:36 10 it reads, "The patient presents today requesting a  
10:46:40 11 referral to Tri-City Cardiology. Patient has been managed  
10:46:44 12 by cardiology for multiple reasons. She sustained a  
10:46:48 13 cardiac arrest a few years ago after Phenergan injection  
10:46:52 14 while she was hospitalized. She also has a history of  
10:46:56 15 atrial fibrillation. The patient states that she has,  
10:46:59 16 quote, irregular heart rhythm, end quote, since she was a  
10:47:02 17 child. Lately, the patient has been having multiple  
10:47:06 18 premature ventricular contractions and PACs. The patient  
10:47:12 19 is in nursing school and she did an EKG today and fax it  
10:47:16 20 to our office; however, it is not scanned in her file yet.  
10:47:20 21 The patient states that she did the EKG because she felt  
10:47:24 22 some irregularity in her heartbeat with near syncope."  
10:47:30 23 Did I read that correctly?  
10:47:31 24 A. Yes.  
10:47:32 25 Q. And so on October 26th of 2020, you went to see

Sara Do vs. Arizona Board of Regents  
Sara Do

July 10, 2023

CV-22-00190-PHX-JJT  
66

10:47:37 1 this provider, Desert Grove Family Medical, to receive a  
10:47:42 2 referral to Tri-City Cardiology. Is that accurate?

10:47:45 3 A. Yes.

10:47:46 4 Q. And it says here in the record at least that you  
10:47:52 5 were feeling some irregular- -- irregularity in your  
10:47:55 6 heartbeat. Do you recall feeling that way in or around  
10:47:58 7 October of 2020?

10:47:59 8 A. I don't recall.

10:48:01 9 Q. You also report here that you had had an  
10:48:07 10 irregular heart rhythm since you were a child, correct?

10:48:11 11 A. That's what it says.

10:48:11 12 Q. Do you recall telling any of your doctors that  
10:48:15 13 you'd had an irregular heart rhythm since you were a  
10:48:18 14 child?

10:48:18 15 A. No, I don't recall that.

10:48:19 16 Q. You say here that you were feeling  
10:48:20 17 irregularity -- it says "felt some irregularity in her  
10:48:25 18 heartbeat with near syncope."

10:48:28 19 Am I correct that "near syncope" means that  
10:48:31 20 you felt you might pass out?

10:48:32 21 A. Yes.

10:48:33 22 Q. Do you recall whether you were in fact referred  
10:48:36 23 to a cardiologist at Tri-City Cardiology following this  
10:48:40 24 visit?

10:48:41 25 A. I don't.



Sara Do vs. Arizona Board of Regents  
Sara Do

July 10, 2023

CV-22-00190-PHX-JJT  
67

10:49:02 1 Q. I'm going to hand you what we'll mark as  
10:49:04 2 Exhibit Number 8 to your deposition. This has been marked  
10:49:07 3 with Bates Numbers TCC 34 through TCC 37.

4 (Deposition Exhibit 8 was marked for  
10:49:25 5 identification.)

10:49:25 6 BY MS. WINDTBERG:

10:49:31 7 Q. Have you seen Exhibit Number 8 before?

10:49:33 8 A. No.

10:49:33 9 Q. I will represent to you that this is another  
10:49:37 10 medical record we subpoenaed from your providers. This  
10:49:41 11 one is from Tri-City Cardiology Consultants. Do you see  
10:49:44 12 that at the top?

10:49:45 13 A. Yes.

10:49:45 14 Q. Is Tri-City Cardiology Consultants one of your  
10:49:49 15 medical providers?

10:49:50 16 A. They were.

10:49:51 17 Q. Okay. And you see at the top here that this is a  
10:49:53 18 record relating to Sara Do?

10:49:55 19 A. Yes.

10:49:55 20 Q. And the date is October 28th of 2020. Do you see  
10:49:59 21 that?

10:50:00 22 A. Yes.

10:50:00 23 Q. Looking at the record, it indicates that you were  
10:50:05 24 there seeking consultation for palpitations, correct?

10:50:10 25 A. Yes.

Sara Do vs. Arizona Board of Regents  
Sara Do

July 10, 2023

CV-22-00190-PHX-JJT  
68

10:50:10 1 Q. And the record goes on to indicate that you were  
10:50:17 2 initially seen by Dr. Linden for palpitations in 2015. Do  
10:50:22 3 you recall a Dr. Linden?

10:50:23 4 A. Vaguely.

10:50:24 5 Q. And do you recall seeing a doctor at Tri-City  
10:50:28 6 Cardiology Consultants in 2015 for palpitations?

10:50:32 7 A. Not specifically.

10:50:33 8 Q. Do you generally recall that?

10:50:35 9 A. Yes.

10:50:36 10 Q. This goes on to discuss some further history. It  
10:50:42 11 says, "She was recently seen by Dr. Linden on May 3rd,  
10:50:48 12 2019. At that time she was still experiencing  
10:50:50 13 palpitations, memory issues, balance issues, and reported  
10:50:55 14 that she felt as if she was going to pass out." Do you  
10:50:58 15 see that?

10:50:58 16 A. Yes.

10:50:59 17 Q. Do you recall in 2019 seeing a doctor at Tri-City  
10:51:05 18 Cardiology Consultants in connection with palpitations and  
10:51:08 19 feeling as though you were going to pass out?

10:51:11 20 A. Not specifically.

10:51:12 21 Q. Looking to the next paragraph there on the first  
10:51:15 22 page of Exhibit 8, it reads, "She continues to experience  
10:51:21 23 palpitations. She monitors her heart using Kardia device.  
10:51:24 24 I reviewed her Kardia device today which shows PVCs." We  
10:51:28 25 talked about that Kardia device before, correct?

Sara Do vs. Arizona Board of Regents  
Sara Do

July 10, 2023

CV-22-00190-PHX-JJT  
69

10:51:31 1 A. Yes.

10:51:31 2 Q. That's the one that you said you owned around the  
10:51:33 3 time that you got the COVID vaccine?

10:51:36 4 A. Yes.

10:51:36 5 Q. And so does this help refresh your recollection  
10:51:40 6 as to why you were using that Kardia device around that  
10:51:43 7 time?

10:51:43 8 A. Yes.

10:51:46 9 Q. You had that monitor to monitor your palpitations  
10:51:53 10 and PVCs, correct?

10:51:55 11 A. When they would arise.

10:51:57 12 Q. But it was your heart issues with the  
10:52:02 13 palpitations that caused you to use that monitor at home,  
10:52:06 14 correct?

10:52:07 15 A. Yes, that's what its sole purpose is for.

10:52:09 16 Q. And so in October of 2020, you were experiencing  
10:52:15 17 PVCs, correct?

10:52:17 18 A. What was the date you said?

10:52:19 19 Q. October of 2020.

10:52:20 20 A. According to this, yes.

10:52:23 21 Q. That was prior to receiving your COVID-19 vaccine  
10:52:28 22 in December of 2020, correct?

10:52:30 23 A. Correct.

10:52:32 24 Q. If you turn to the last page of Exhibit Number 8,  
10:52:37 25 you see at the top of the page it says "Recommendations"?

Sara Do vs. Arizona Board of Regents  
Sara Do

July 10, 2023

CV-22-00190-PHX-JJT  
70

10:52:41 1 A. Yes.

10:52:41 2 Q. And there are some numbered paragraphs. Do you  
10:52:43 3 see those?

10:52:44 4 A. Yes.

10:52:45 5 Q. If you look at paragraph number 4, it says, "We  
10:52:47 6 will also order Holter monitor ordered to evaluate PVCs  
10:52:51 7 over 24 hours to assess daily frequency and percent."  
10:52:56 8 What is a Holter monitor?

10:52:58 9 A. It's just a certain type of heart monitor.

10:53:01 10 Q. Is it different than the Kardia?

10:53:03 11 A. Yes.

10:53:03 12 Q. Do you have both a Holter monitor and a Kardia  
10:53:07 13 monitor?

10:53:07 14 A. The Holter monitor is given and attached by the  
10:53:11 15 physician, so they own that. That's not something that I  
10:53:13 16 own.

10:53:14 17 Q. But do you use both types of monitors?

10:53:19 18 A. If the doctor orders the Holter or any kind of  
10:53:24 19 event monitor, then I would have used it for whatever time  
10:53:30 20 frame they would prescribe it. It could be 24 hours, or  
10:53:34 21 it could be 30 days.

10:53:35 22 Q. And after that time period, would you then return  
10:53:38 23 the Holter monitor --

10:53:39 24 A. Yes.

10:53:39 25 Q. -- to the physician?

Sara Do vs. Arizona Board of Regents  
Sara Do

July 10, 2023

CV-22-00190-PHX-JJT  
71

10:53:41 1 I'm going to show you what we will mark as  
10:53:57 2 Exhibit Number 9 to your deposition. It is marked with  
10:54:01 3 Bates Numbers PCC 2 through PCC 5.

4 (Deposition Exhibit 9 was marked for  
10:54:22 5 identification.)

10:54:22 6 BY MS. WINDTBERG:

10:54:22 7 Q. Have you ever seen Exhibit Number 9 before?

10:54:24 8 A. No.

10:54:24 9 Q. This is a medical record from Premier  
10:54:31 10 Cardiovascular Center. Do you see that?

10:54:33 11 A. Yes.

10:54:33 12 Q. Is Premier Cardiovascular Center one of your  
10:54:38 13 medical providers?

10:54:39 14 A. They were.

10:54:39 15 Q. Are they no longer one of your providers?

10:54:43 16 A. I don't consider them to be a provider for me  
10:54:46 17 anymore.

10:54:46 18 Q. Do you recall when you stopped seeing doctors at  
10:54:48 19 Premier Cardiovascular Center?

10:54:52 20 A. I don't recall when my last appointment was with  
10:54:54 21 them.

10:54:54 22 Q. Why did you stop going to them?

10:54:59 23 A. I found a provider that I preferred.

10:55:05 24 Q. Who is that?

10:55:06 25 A. Dr. Weiss.

Sara Do vs. Arizona Board of Regents  
Sara Do

July 10, 2023

CV-22-00190-PHX-JJT  
72

10:55:12 1 Q. And why do you prefer Dr. Weiss?

10:55:17 2 A. He seems very, very intelligent, very  
10:55:26 3 knowledgeable of my condition. And my ex-husband would go  
10:55:34 4 with me to the appointments, and as a physician himself,  
10:55:38 5 he also had a preference for Dr. Weiss.

10:55:41 6 Q. I understand that you say he's intelligent and  
10:55:46 7 knowledgeable of your condition, but there's a -- is there  
10:55:49 8 a reason that you prefer him over Dr. El Khoury from  
10:55:53 9 Premier Cardiovascular Center?

10:55:56 10 A. I feel like he's probably more current with  
10:56:13 11 evidence-based practices and seems -- like, his -- his  
10:56:25 12 experience with dealing with ablations, he -- I just  
10:56:34 13 preferred him for a lot of reasons.

10:56:35 14 Q. What about his experience with ablations did you  
10:56:40 15 prefer?

10:56:40 16 A. He does robotic surgeries for ablations. And  
10:56:46 17 when looking him up online, his entire background is very  
10:56:51 18 impressive when it comes to that, and I just felt most  
10:56:54 19 comfortable with him.

10:56:55 20 Q. Do you recall when you started seeing Dr. Weiss?

10:56:59 21 A. I don't.

10:56:59 22 Q. Do you recall whether you were still in classes  
10:57:04 23 in connection with the MEPN program when you started  
10:57:07 24 seeing Dr. Weiss?

10:57:08 25 A. Yes, I think so. I've been -- I didn't start

Sara Do vs. Arizona Board of Regents  
Sara Do

July 10, 2023

CV-22-00190-PHX-JJT  
73

10:57:16 1 seeing him until after the COVID vaccine. So I've been in  
10:57:20 2 classes pretty consistently since then with the exception  
10:57:24 3 of a little time frame.

10:57:26 4 Q. Well, let me focus on Exhibit Number 9 for a  
10:57:31 5 minute here. This is a December 30th of 2020 record from  
10:57:36 6 Premier Cardiovascular Center relating to you, correct?

10:57:40 7 A. Yes.

10:57:40 8 Q. And under "History of Present Illness," it  
10:57:47 9 indicates "Ms. Do is presenting for evaluation of  
10:57:52 10 palpitations." Do you see that?

10:57:54 11 A. Yes.

10:57:54 12 Q. It goes on a little bit later to say ". . . she  
10:57:58 13 felt severe sustained palpitations two days ago, a few  
10:58:02 14 minutes after she had the COVID-19 vaccine." Do you see  
10:58:05 15 that?

10:58:05 16 A. Yes.

10:58:06 17 Q. "She was taken by ambulance to the hospital and  
10:58:08 18 her heart rate was in the 130s at the time. She used her  
10:58:13 19 Kardia device that reported possible atrial fibrillation."  
10:58:17 20 Did I read that correctly?

10:58:18 21 A. Yes.

10:58:19 22 Q. Do you recall, looking at this exhibit, whether  
10:58:22 23 you were using your Kardia device at the time you received  
10:58:25 24 the COVID-19 vaccine on December 28th of 2020?

10:58:29 25 A. Yes. I did use it prior to the emergency

Sara Do vs. Arizona Board of Regents  
Sara Do

July 10, 2023

CV-22-00190-PHX-JJT  
74

10:58:34 1 personnel coming over.

10:58:36 2 Q. So you had it with you when you went to receive  
10:58:41 3 the vaccine?

10:58:41 4 A. I always have it with me.

10:58:43 5 Q. Why do you always have it with you?

10:58:48 6 A. I just do. It's -- I just do. I don't have a  
10:58:55 7 specific reason. It's very small. I carry some medical  
10:59:01 8 stuff with me to help other people if I needed to at all  
10:59:06 9 times in my backpack.

10:59:07 10 Q. Exhibit Number 9 goes on to read, "She was  
10:59:12 11 treated in the ER and her ECGs repeated without evidence  
10:59:16 12 of atrial fibrillation." Do you see that?

10:59:20 13 A. Yes.

10:59:21 14 Q. "The labs were normal and she was discharged home  
10:59:24 15 after a few hours. No recurrences. No history of heart  
10:59:28 16 disease." Did I read that correctly?

10:59:30 17 A. Yes.

10:59:30 18 Q. And so at least according to this record from  
10:59:33 19 Premier Cardiovascular Center, there was no evidence of  
10:59:38 20 atrial fibrillation when you were at the hospital,  
21 correct?

10:59:41 22 A. Correct.

10:59:41 23 Q. Now, this says here, "No history of heart  
10:59:46 24 disease." Did you not talk to Dr. El Khoury about the  
10:59:50 25 prior issues you've experienced with your heart?



Sara Do vs. Arizona Board of Regents  
Sara Do

July 10, 2023

CV-22-00190-PHX-JJT  
75

10:59:52 1 A. I don't recall what we talked about.

10:59:54 2 Q. You were there to seek a consultation about the  
11:00:06 3 palpitations you had been feeling at least since two days  
11:00:13 4 prior, correct?

11:00:14 5 A. Correct.

11:00:14 6 Q. And you didn't think it was important to talk to  
11:00:17 7 him about any prior palpitations or PVCs you had  
11:00:23 8 experienced?

11:00:23 9 A. I don't recall what I felt at that appointment.

11:00:25 10 Q. You've alleged in this case that you were  
11:00:34 11 required to get the COVID-19 vaccine as part of your  
11:00:37 12 nursing program, correct?

11:00:40 13 A. I felt it was required, yes.

11:00:41 14 Q. What do you mean when you say "I felt it was  
11:00:44 15 required"?

11:00:44 16 A. Based on verbal comments from various staff  
11:00:51 17 members, I felt that we had to get it.

11:00:59 18 Q. Let me start with who those people were.

11:01:04 19 Who do you contend told you you were  
11:01:07 20 required to get the vaccine as part of your nursing  
11:01:10 21 program?

11:01:11 22 A. It was talked about generally. So I wouldn't  
11:01:13 23 feel comfortable giving a specific name because I can't  
11:01:17 24 recall specifically who said it. It was just generally  
11:01:19 25 spoken of.

Sara Do vs. Arizona Board of Regents  
Sara Do

July 10, 2023

CV-22-00190-PHX-JJT  
76

11:01:20 1 Q. What do you mean "it was generally spoken of"?

11:01:23 2 A. Since we were in the middle of COVID at the time,  
11:01:25 3 it was just a topic we frequently discussed, and it was  
11:01:31 4 just something that we all knew as students -- we had been  
11:01:34 5 told, "As soon as you can get the vaccine, you need to get  
11:01:37 6 it."

11:01:37 7 Q. But you don't recall specifically who told you  
11:01:40 8 that?

11:01:40 9 A. No.

11:01:41 10 Q. Do you remember what time frame those discussions  
11:01:45 11 began?

11:01:46 12 A. No.

11:01:47 13 Q. And I want to piece this out just a little bit to  
11:01:53 14 make sure that I really understand who we're talking  
11:01:56 15 about. So I'm going to differentiate between people who  
11:01:59 16 work for the Edson College as opposed to people who work  
11:02:02 17 more generally for ASU. Okay?

11:02:05 18 A. Okay.

11:02:05 19 Q. So focusing first on people who work for ASU but  
11:02:09 20 not the Edson College. Do you contend that anyone from  
11:02:12 21 ASU was requiring students to receive the COVID-19  
11:02:15 22 vaccine --

23 A. I cannot --

11:02:16 24 Q. -- in December of 2020?

11:02:17 25 A. Sorry. I can't specifically remember.

Sara Do vs. Arizona Board of Regents  
Sara Do

July 10, 2023

CV-22-00190-PHX-JJT  
77

11:02:19 1 Q. Well, do you have any general recollection of  
11:02:23 2 whether the university was in fact requiring vaccines of  
11:02:27 3 its students?

11:02:27 4 A. I don't believe that I saw anything to that  
11:02:31 5 effect or heard anything from a general employee.

11:02:33 6 Q. And so is your contention focused on individuals  
11:02:39 7 from the Edson College who you believe told you you were  
11:02:42 8 required to get the vaccine --

11:02:44 9 A. Yes.

11:02:44 10 Q. -- in December of 2020?

11:02:46 11 A. Yes.

11:02:47 12 Q. Do you recall whether the people that you don't  
11:02:55 13 remember who said that the vaccine was required -- did  
11:02:59 14 they say it was required of all nursing students within  
11:03:02 15 the Edson College?

11:03:03 16 A. That's -- Can you say that again? Sorry.

11:03:09 17 Q. Yeah. So I want to understand if your  
11:03:12 18 understanding at the time was that all Edson College  
11:03:15 19 nursing students would be required to receive the COVID-19  
11:03:18 20 vaccine.

11:03:18 21 A. That was my understanding. If we were going to  
11:03:22 22 do clinicals, we had to get it.

11:03:24 23 Q. Now I want to come back to the time frame. When  
11:03:33 24 is it that you allege that Edson College representatives  
11:03:36 25 told you that you needed to get the COVID-19 vaccine?

Sara Do vs. Arizona Board of Regents  
Sara Do

July 10, 2023

CV-22-00190-PHX-JJT  
78

11:03:40 1 A. It was, I believe, before I got my vaccine. They  
11:03:44 2 may have continued after I got my vaccine as well, but I  
11:03:48 3 know it was definitely before.

11:03:52 4 Q. Okay. And I want to press that because you said,  
11:03:56 5 "I believe it was before," and then you said, "I know it  
11:03:59 6 was definitely before." So is there anything that you can  
11:04:02 7 point to to put a time frame on when you were told you  
11:04:05 8 need to receive the vaccine?

11:04:07 9 A. There's nothing specific that I can refer to that  
11:04:10 10 would help me pinpoint it, but that was one of the reasons  
11:04:13 11 why I was looking into it so heavily.

11:04:17 12 Q. Was it during the fall 2020 semester?

11:04:21 13 A. That would make the most sense, yes.

11:04:29 14 Q. Do you recall whether -- was this in a  
11:04:34 15 conversation that you were told you needed to receive the  
11:04:38 16 vaccine?

11:04:38 17 A. I honestly can't -- I mean, it had to have been  
11:04:42 18 in a conversation. I don't recall where the conversation  
11:04:44 19 was because it was just something we frequently discussed.

11:04:49 20 Q. When you say "we frequently discussed," who are  
11:04:51 21 you referring to?

11:04:52 22 A. Professors and classmates. COVID was always a  
11:04:57 23 conversation that we discussed, probably every time we  
11:05:01 24 were together.

11:05:01 25 Q. And do you specifically recall hearing from a

Sara Do vs. Arizona Board of Regents  
Sara Do

July 10, 2023

CV-22-00190-PHX-JJT  
79

11:05:04 1 professor that you needed to receive the COVID vaccine?

11:05:08 2 A. Yes, but I can't recall which one it was. We had  
11:05:12 3 a lot of professors, and we had a lot of different  
11:05:15 4 employees that we worked with that were nursing  
11:05:17 5 employees -- school employees.

11:05:19 6 Q. So you're certain that a professor told you, but  
11:05:22 7 you don't remember specifically any professor?

11:05:24 8 A. Correct.

11:05:25 9 Q. Do you recall whether this conversation was  
11:05:26 10 before or after winter break of 2020?

11:05:28 11 A. It had to have been before.

11:05:32 12 Q. Why do you say "it had to have been"?

11:05:34 13 A. Because as we talked about, it appears that I got  
11:05:38 14 my vaccine during the break. And they may have discussed  
11:05:42 15 it after, but my -- one of my motivators for the vaccine  
11:05:49 16 was the conversations that we had prior to getting the  
11:05:53 17 vaccine.

11:05:53 18 Q. Prior to December 28th of 2020, did you receive  
11:06:01 19 anything in writing from the Edson College indicating that  
11:06:05 20 you were required to receive the COVID-19 vaccine?

11:06:08 21 A. I can't recall specifically receiving anything in  
11:06:11 22 writing.

11:06:11 23 Q. And so your belief that the vaccine was required  
11:06:20 24 is based off of your recollection that someone verbally  
11:06:23 25 told you you needed to receive it?

Sara Do vs. Arizona Board of Regents  
Sara Do

July 10, 2023

CV-22-00190-PHX-JJT  
80

11:06:25 1 A. Yes.

11:06:26 2 Q. Do you recall more details about the actual  
11:06:40 3 conversation where this purported requirement was conveyed  
11:06:45 4 to you?

11:06:46 5 A. Not specifically.

11:06:47 6 Q. What do you generally recall you were told about  
11:06:50 7 needing to get the COVID vaccine?

11:06:52 8 A. That we as students needed to get the vaccine as  
11:06:56 9 soon as it was available to us because, going forward,  
11:07:00 10 there was a very high possibility that clinical locations  
11:07:05 11 would require any nursing student to be vaccinated and, if  
11:07:11 12 we didn't have a vaccine, then it was possible that we  
11:07:14 13 wouldn't graduate if we couldn't do our clinicals.

11:07:18 14 Q. But did anybody tell you that ASU or Edson  
11:07:23 15 College itself was requiring the vaccine?

11:07:25 16 A. I don't recall.

11:07:29 17 Q. You don't recall that you were told that?

11:07:31 18 A. Correct.

11:07:32 19 Q. So as you sit here today, you can't say that  
11:07:35 20 anyone from Edson College specifically told you that the  
11:07:38 21 college was requiring you to receive the COVID-19 vaccine  
11:07:41 22 in December of 2020, correct?

11:07:44 23 A. That's correct.

11:07:44 24 Q. In the conversations around the high possibility  
11:07:54 25 that the clinical location would require a vaccine, I

Sara Do vs. Arizona Board of Regents  
Sara Do

July 10, 2023

CV-22-00190-PHX-JJT  
81

11:07:58 1 think you said -- the focus, it sounds to me, was on the  
11:08:04 2 fact that a clinical facility might require the vaccine.  
11:08:07 3 Is that accurate?  
11:08:08 4 A. That was my understanding.  
11:08:09 5 Q. Did anybody tell you that any particular clinical  
11:08:14 6 facility was requiring the vaccine in December of 2020?  
11:08:17 7 A. Not that I can recall.  
11:08:18 8 Q. And the vaccine wasn't even out for use at the  
11:08:21 9 beginning of December of 2020, correct?  
11:08:23 10 A. Correct.  
11:08:24 11 Q. And you believe that someone told you you might  
11:08:29 12 not graduate if you didn't have the vaccine because you  
11:08:31 13 wouldn't be able to complete your clinicals?  
11:08:35 14 A. Correct.  
11:08:43 15 Q. Focusing on the time period after December 28th  
11:08:47 16 of 2020, did anybody from Edson College tell you that you  
11:08:51 17 were required to receive the COVID-19 vaccine as a  
11:08:54 18 requirement of the Edson College?  
11:08:56 19 A. It was required in our documents that we had to  
11:09:12 20 upload to remain in compliance. And I'm trying to think  
11:09:20 21 if that was -- we have two different systems, and without  
11:09:24 22 seeing it, I'm sorry, I can't tell you with certainty if  
11:09:28 23 that was -- which system it was through, if it was for ASU  
11:09:31 24 or if it was for the clinical sites.  
11:09:34 25 Q. What time frame are you talking about when you

Sara Do vs. Arizona Board of Regents  
Sara Do

July 10, 2023

CV-22-00190-PHX-JJT  
82

11:09:37 1 say "it was required in our documents to remain  
11:09:40 2 compliant"?

11:09:41 3 A. I don't know. I'm sorry.

11:09:42 4 Q. Well, is that something you had to submit when  
11:09:47 5 you were returning to your classes after your leave of  
11:09:50 6 absence?

11:09:51 7 A. After I was out for a year?

11:09:55 8 Q. Correct.

11:09:56 9 A. I believe so.

11:09:58 10 Q. Do you recall whether you needed to upload that  
11:10:01 11 information prior to taking that leave of absence?

11:10:04 12 A. I don't recall.

11:10:06 13 Q. Now, you say it was required in the documents.  
11:10:12 14 Did something say you were required to be vaccinated  
11:10:16 15 against the COVID-19 virus?

11:10:20 16 A. I can't recall exactly what the program says, but  
11:10:24 17 it's got big bright red letters if you're not in  
11:10:29 18 compliance to indicate that you're not in compliance with  
11:10:32 19 a requirement set forth by that program that the college  
11:10:39 20 uses.

11:10:39 21 Q. What do you mean when you say "program"? Are you  
11:10:42 22 talking about a computer program?

11:10:43 23 A. So they use -- it's like a third-party company to  
11:10:47 24 ensure that students are in compliance with requirements  
11:10:51 25 for vaccinations and stuff and documents like fingerprint



Sara Do vs. Arizona Board of Regents  
Sara Do

July 10, 2023

CV-22-00190-PHX-JJT  
83

11:10:55 1 clearance cards. And this particular -- there's two  
11:11:00 2 programs. One is My Clinical Exchange, and I can't think  
11:11:05 3 of the name of the other one off the top of my head.

11:11:08 4 Q. And is My Clinical Exchange the program that's  
11:11:12 5 used to interface with the specific clinical facilities  
11:11:15 6 that you go to?

11:11:17 7 A. That's for all the clinicals. So that is where  
11:11:20 8 they handle all of the compliance. And I'm sorry, I don't  
11:11:26 9 even know why I'm spacing out on the other program.

11:11:29 10 Q. The other program is the one that's used for ASU  
11:11:33 11 and the Edson College? Did I understand that correctly?

11:11:36 12 A. So I think so. But behind the scenes, I'm not  
11:11:41 13 really sure who uses what for what specific purposes. So  
11:11:46 14 I don't know for sure who uses what information. I just  
11:11:51 15 know that we're told we have to upload and keep current  
11:11:54 16 the requirements in both programs.

11:11:57 17 Q. Isn't it true, though, with respect to the COVID  
11:12:00 18 vaccine, you can select either "I am vaccinated" and  
11:12:05 19 provide proof of your vaccination or you can decline to be  
11:12:09 20 vaccinated and indicate that or you can indicate that you  
11:12:12 21 received an exemption from the vaccination and you can  
11:12:15 22 provide that as well?

11:12:17 23 MR. ENGLAND: Objection. Vague as to time  
11:12:18 24 and to which program.

11:12:21 25 THE WITNESS: I don't remember without

Sara Do vs. Arizona Board of Regents  
Sara Do

July 10, 2023

CV-22-00190-PHX-JJT  
84

11:12:22 1 seeing it. I'm sorry.

11:12:23 2 BY MS. WINDTBERG:

11:12:23 3 Q. Have you received a document from the Student  
11:12:30 4 Accessibility and Inclusive Learning Services office to  
11:12:31 5 provide you an exemption from getting the COVID-19  
11:12:34 6 vaccine?

11:12:35 7 A. I believe that I did after providing them with  
11:12:41 8 information from my medical providers, but I'm not a  
11:12:45 9 hundred percent because I haven't seen that, so -- I think  
11:12:47 10 so, though.

11:12:48 11 Q. Has ASU required you to get a second or third or  
11:12:52 12 fourth shot of the COVID-19 vaccine?

11:12:54 13 A. On the program, it did expect for me to upload  
11:13:03 14 boosters and -- a second vaccine and then boosters.

11:13:09 15 Q. That wasn't my question.

11:13:10 16 Has the university required you to in fact  
11:13:13 17 receive any additional shots of the COVID-19 vaccine?

11:13:16 18 A. Not directly.

11:13:18 19 Q. What do you mean by "not directly"?

11:13:21 20 A. So, like, when I said that I wasn't sure behind  
11:13:24 21 the scenes what was being used by which entity, whether it  
11:13:27 22 was ASU or the clinical sites, I'm not sure if that was a  
11:13:33 23 requirement from ASU or not.

11:13:36 24 Q. Have you received more than one shot of the  
11:13:38 25 COVID-19 vaccine?

Sara Do vs. Arizona Board of Regents  
Sara Do

July 10, 2023

CV-22-00190-PHX-JJT  
85

11:13:39 1 A. No.

11:13:40 2 Q. And so you've not in fact been required to get

11:13:42 3 more than one shot of the vaccine, correct?

11:13:44 4 A. Correct.

11:13:45 5 Q. And you have a difference of opinion about

11:13:49 6 whether you were required to get the first shot. But

11:13:52 7 focusing on the requirement to get the vaccine, Edson

11:14:01 8 College and ASU have provided you a process by which you

11:14:05 9 can become exempted from receiving the COVID vaccine,

10 correct? Or any --

11:14:10 11 A. Yes.

11:14:10 12 Q. -- further shots of that vaccine?

11:14:13 13 A. Yes.

11:14:14 14 Q. And did not require -- require you to in fact get

11:14:18 15 any shots?

11:14:18 16 A. Correct.

11:14:20 17 Q. I'll hand you what we will mark as Exhibit

11:14:33 18 Number 10 to your deposition. It is marked with Bates

11:14:40 19 Number ADOR 9.

20 (Deposition Exhibit 10 was marked for

11:15:03 21 identification.)

11:15:03 22 BY MS. WINDTBERG:

11:15:04 23 Q. Do you recognize Exhibit Number 10?

11:15:08 24 A. Do you mind if I read it real quick --

25 Q. Not at all.

Sara Do vs. Arizona Board of Regents  
Sara Do

July 10, 2023

CV-22-00190-PHX-JJT  
86

11:15:10 1 A. -- because I don't just by glancing at it.  
11:15:40 2 Okay. I read it.  
11:15:41 3 Q. Do you recognize Exhibit Number 10?  
11:15:43 4 A. Not specifically.  
11:15:47 5 Q. Do you generally recognize it?  
11:15:54 6 MR. ENGLAND: Let me just object that  
11:16:00 7 there's two emails. The first one she's not on, so I'm  
11:16:04 8 assuming you're asking her if she received the middle  
11:16:06 9 email.  
11:16:07 10 MS. WINDTBERG: I was going to get to that.  
11 11 MR. ENGLAND: Okay. Sorry.  
11:16:08 12 MS. WINDTBERG: I'm just generally asking.  
11:16:13 13 She said she didn't specifically remember seeing this.  
11:16:13 14 That was a characterization. I wanted to understand if  
11:16:16 15 she generally remembers receiving this.  
11:16:19 16 THE WITNESS: I'm not denying that I  
11:16:22 17 received it, but I don't remember it. I get so many  
11:16:25 18 emails and some -- I just don't specifically remember  
11:16:28 19 this one. Sorry.  
11:16:31 20 BY MS. WINDTBERG:  
11:16:32 21 Q. But you don't have any reason to think you did  
11:16:34 22 not receive --  
23 A. No --  
11:16:35 24 Q. -- this email?  
11:16:35 25 A. -- I don't.

Sara Do vs. Arizona Board of Regents  
Sara Do

July 10, 2023

CV-22-00190-PHX-JJT  
87

11:16:36 1 Q. And this is a December 30th, 2020, email, and  
11:16:40 2 it's addressed to Edson College prelicensure program  
11:16:44 3 students. Do you see that?

11:16:45 4 A. Yes.

11:16:46 5 Q. And the MEPN program is a prelicensure program,  
11:16:48 6 correct?

11:16:49 7 A. Yes.

11:16:49 8 Q. If you look at the last full paragraph at the  
11:16:53 9 bottom of the page in that bottom email, it says, "At this  
11:16:57 10 time, it is not required that Edson College PreLicensure  
11:17:01 11 students obtain the vaccine as part of" a clinical -- "of  
11:17:07 12 clinical compliance." Did I read that correctly?

11:17:11 13 A. Yes.

11:17:11 14 Q. And so as of December 30th, Edson College was  
11:17:15 15 telling the prelicensure students that they were not  
11:17:18 16 required to obtain the vaccine per clinical compliance,  
11:17:22 17 correct?

11:17:22 18 MR. ENGLAND: Objection. Assumes facts.

11:17:24 19 You can answer.

11:17:25 20 THE WITNESS: Yes.

11:17:26 21 BY MS. WINDTBERG:

11:17:39 22 Q. Are you familiar with ASU's Student Accessibility  
11:17:46 23 and Inclusive Learning Services office?

11:17:46 24 A. Yes.

11:17:46 25 Q. That office is often referred to as the SAILS

Sara Do vs. Arizona Board of Regents  
Sara Do

July 10, 2023

CV-22-00190-PHX-JJT  
88

11:17:50 1 office, correct?

11:17:51 2 A. Yes.

11:17:51 3 Q. And so if I refer to the Student Accessibility  
11:17:54 4 and Inclusive Learning Services office as "SAILS," you'll  
11:17:57 5 know what I mean?

11:17:58 6 A. Yes.

11:17:58 7 Q. What is your understanding of the function of the  
11:18:01 8 SAILS office?

11:18:01 9 A. My understanding is that it's essentially the  
11:18:04 10 disability department of the university and they handle  
11:18:09 11 accommodations for students who might need extra help from  
11:18:14 12 a disability or condition.

11:18:16 13 Q. You're currently registered with SAILS, correct?

11:18:20 14 A. Yes.

11:18:20 15 Q. When did you first register with SAILS?

11:18:23 16 A. I don't have the date. I'm sorry.

11:18:24 17 Q. Do you roughly remember what semester it was?

11:18:27 18 A. I don't.

11:18:28 19 MR. ENGLAND: Kristin, I don't mean to  
11:18:40 20 interrupt. I thought you were staying on the same topic.  
11:18:45 21 If you're switching, can we take a short five-minute  
11:18:47 22 break? We've been --

11:18:47 23 MS. WINDTBERG: Sure.

24 MR. ENGLAND: -- going another hour.

11:18:48 25 MS. WINDTBERG: Sure.

Sara Do vs. Arizona Board of Regents  
Sara Do

July 10, 2023

CV-22-00190-PHX-JJT  
89

11:18:48 1 THE VIDEOGRAPHER: We are off the record.  
11:18:49 2 Time on the video monitor is 11:18 a.m. This ends  
11:18:56 3 Media 1.  
11:18:57 4 (A recess ensued.)  
11:38:27 5 THE VIDEOGRAPHER: We are on the record.  
11:38:28 6 The time on the video monitor is 11:38 a.m. This begins  
11:38:32 7 Media 2.  
8 (Deposition Exhibit 11 was marked for  
11:38:33 9 identification.)  
11:38:33 10 BY MS. WINDTBERG:  
11:38:34 11 Q. Okay. Ms. Do, I'm going to give you what we have  
11:38:37 12 marked as Exhibit Number 11 to your deposition. It's  
11:38:41 13 branded with Bates Numbers ADOR 9721 through ADOR 9726.  
11:38:57 14 Shortly before we took our break, I asked if  
11:39:00 15 you recalled when you registered with the SAILS office and  
11:39:03 16 you said you didn't know.  
11:39:04 17 Do you recognize Exhibit Number 11?  
11:39:15 18 A. No.  
11:39:15 19 Q. Do you recall, when you registered with the SAILS  
11:39:17 20 office, how you registered with them?  
11:39:18 21 A. It was through their website.  
11:39:20 22 Q. And you input information into their website to  
11:39:24 23 complete that registration?  
11:39:25 24 A. Yes.  
11:39:25 25 Q. If you look at the information that's included in

Sara Do vs. Arizona Board of Regents  
Sara Do

July 10, 2023

CV-22-00190-PHX-JJT  
90

11:39:27 1 Exhibit Number 11, does it look like the type of  
11:39:32 2 information you input into that SAILS application?

11:39:35 3 A. Yes.

11:39:35 4 Q. I will represent to you that this is a printout  
11:39:40 5 from the SAILS system of your application. That sounds  
11:39:44 6 right to you looking at the material --

7 A. Yes.

11:39:47 8 Q. -- in this document?

11:39:48 9 And so if you look at the first page of  
11:39:50 10 Exhibit Number 11, it shows that you had an appointment  
11:39:56 11 scheduled for March 15th of 2021. Do you see that under  
11:40:00 12 lists of appointments entered?

11:40:02 13 A. Yes.

11:40:03 14 Q. And if you flip to the second page of Exhibit 11,  
11:40:10 15 you'll see there are some black boxes. One says "File  
11:40:15 16 Title." One says "Date Uploaded." One says "Size," then  
11:40:18 17 "Download" and "Delete." Do you see that?

11:40:21 18 A. Yes.

11:40:21 19 Q. And right under that box that says "File Title,"  
11:40:25 20 you see where it says "Physician note indicated --  
11:40:28 21 indicating needed accommodations"?

11:40:31 22 A. Yes.

11:40:31 23 Q. And then next to that there is a date of upload  
11:40:34 24 of March 1st of 2021. Do you see that?

11:40:37 25 A. Yes.



Sara Do vs. Arizona Board of Regents  
Sara Do

July 10, 2023

CV-22-00190-PHX-JJT  
91

11:40:37 1 Q. Does March 1st of 2021 sound like it's around the  
11:40:43 2 right time that you would have registered with the SAILS  
11:40:46 3 office?

11:40:46 4 A. Most likely.

11:40:47 5 Q. And that would have been during the spring of  
11:40:50 6 2021 semester, correct?

11:40:54 7 A. I believe so.

11:40:54 8 Q. What was the medical condition that you had in  
11:41:00 9 March of 2021 that prompted you to register with the SAILS  
11:41:04 10 office?

11:41:04 11 A. Do you mind if I look through this?

11:41:17 12 Q. I do not.

11:41:18 13 A. Okay. Thanks.

11:42:28 14 Okay. Do you mind reading your question  
11:42:31 15 again --

16 Q. Sure.

11:42:31 17 A. -- please?

11:42:32 18 Q. Let me ask it differently.

11:42:33 19 Why did you register with the SAILS office?

11:42:35 20 A. To hopefully get a little bit of assistance with  
11:42:42 21 some struggles that I had so I could make it through the  
11:42:47 22 program.

11:42:47 23 Q. What were the struggles you were having?

11:42:51 24 A. Well, my arrhythmia.

11:43:03 25 Q. Anything else?

Sara Do vs. Arizona Board of Regents  
Sara Do

July 10, 2023

CV-22-00190-PHX-JJT  
92

11:43:04 1 A. I don't believe so.

11:43:20 2 Q. So at the time you registered with SAILS, you  
11:43:26 3 reported that you had arrhythmia, correct?

11:43:29 4 A. Yes.

11:43:29 5 Q. And if you look at the page that is marked  
11:43:36 6 ABOR 9724 in Exhibit Number 11, you see at the top of the  
11:43:44 7 page it says "Additional Information"?

11:43:47 8 A. Yes.

11:43:47 9 Q. And it says "Primary Disability: Heart Disease."

11:43:51 10 A. Yes.

11:43:51 11 Q. Is that information you would have input into the  
11:43:55 12 system?

11:43:55 13 A. Through their drop-down arrow, yes.

11:43:58 14 Q. So you selected "Heart Disease" from an option of  
11:44:01 15 a variety of different types of conditions?

11:44:04 16 A. Yes.

11:44:04 17 Q. And then there are no other disabilities listed,  
11:44:07 18 correct?

11:44:07 19 A. Correct.

11:44:09 20 Q. In March of 2021 when you registered with SAILS,  
11:44:15 21 what were the symptoms that you were experiencing?

11:44:17 22 A. Arrhythmia.

11:44:21 23 Q. And I think you said this before, but that's an  
11:44:29 24 irregular heartbeat?

11:44:30 25 A. Yes.

Sara Do vs. Arizona Board of Regents  
Sara Do

July 10, 2023

CV-22-00190-PHX-JJT  
93

11:44:30 1 Q. Any other symptoms?

11:44:31 2 A. Are you -- I'm sorry. Do you mind repeating  
11:44:39 3 your original question?

11:44:40 4 Q. Yeah. I asked, in March of 2021 when you  
11:44:43 5 registered with SAILS, what symptoms you were  
11:44:46 6 experiencing.

11:44:46 7 A. I had the arrhythmia and anxiety.

11:44:52 8 Q. You were experiencing anxiety in March of 2021?

11:44:56 9 A. Yes.

11:44:56 10 Q. But you didn't report that on your SAILS  
11:45:01 11 application, correct?

11:45:02 12 A. Correct.

11:45:02 13 Q. When you say that you were experiencing  
11:45:05 14 arrhythmia, can you describe for us what that felt like?

11:45:09 15 A. Are you asking -- like, can you tell me what  
11:45:17 16 you're asking? Like, how does it feel regarding --

11:45:19 17 Q. I just want to understand what you were  
11:45:21 18 experiencing at the time when you first registered with  
11:45:23 19 the SAILS office. You've said arrhythmia is an irregular  
11:45:29 20 heartbeat, but what was that experience like for you?

11:45:31 21 A. Are you asking physically or emotionally?

11:45:34 22 Q. Let's start with physically.

11:45:36 23 A. Okay. It feels like -- I get light-headed. I  
11:45:45 24 feel panicked. It feels like there's a really heavy  
11:45:58 25 fluttering sensation in my chest. I can get chest pain

Sara Do vs. Arizona Board of Regents  
Sara Do

July 10, 2023

CV-22-00190-PHX-JJT  
94

11:46:05 1 depending on how long it's been sustained. I can have,  
11:46:15 2 like, numbness or temperature changes in my extremities,  
11:46:20 3 specifically, like, my hands and feet. I can get really  
11:46:28 4 nauseated and -- like, overall -- like, my stomach will  
11:46:38 5 start to feel really upset from the fluttering.

11:46:42 6 Q. Anything else?

11:46:44 7 A. No, I don't think so.

11:46:47 8 Q. I just want --

11:46:47 9 A. That covers it.

11:46:48 10 Q. -- to make sure. So that I'm clear, I was asking  
11:46:51 11 about the symptoms you were experiencing back in March of  
11:46:55 12 2021. Is that what you were describing for me?

11:46:58 13 A. Yes.

11:46:58 14 Q. You said you also have -- you were focused on the  
11:47:03 15 emotional experience. What is the emotional experience  
11:47:06 16 for you when you're experiencing arrhythmia?

11:47:09 17 A. Terror, fear, embarrassment, weakness. I don't  
11:47:40 18 know. I guess stuff like that.

11:47:43 19 Q. When you're experiencing the arrhythmia, what is  
11:47:47 20 it that you're afraid of?

11:47:49 21 A. Dying, failure, letting people down. That's  
11:48:12 22 about it.

11:48:12 23 Q. I just want to make sure that I have a general  
11:48:22 24 understanding of your heart condition. And I know that  
11:48:26 25 there are lots of different terms that can be used for it,

Sara Do vs. Arizona Board of Regents  
Sara Do

July 10, 2023

CV-22-00190-PHX-JJT  
95

11:48:30 1 so bear with me. I'm not a medical professional.

11:48:35 2 But you've alleged in your lawsuits that you  
11:48:38 3 suffer from episodic cardiac arrhythmia, often inclusive  
11:48:43 4 of tachycardic ventricular bigeminy. Is that accurate?

11:48:50 5 A. Yes.

11:48:51 6 Q. For those of us who are not medical  
11:48:54 7 professionals, can you explain what that means?

11:48:55 8 A. Yeah. So episodic just means that it can happen  
11:48:59 9 whenever. There could be precursors to it or not. And,  
11:49:07 10 like, sustained ventricular tachycardia -- or premature  
11:49:14 11 ventricular contraction -- sorry. Do you have that  
11:49:17 12 written down somewhere so I can just look at it and  
11:49:19 13 explain every step of it? Or am I allowed to write it  
11:49:23 14 down the way it's written just so I can explain it  
11:49:26 15 exactly?

11:49:28 16 Q. Yeah. Let me -- let me give you what we'll mark  
11:49:44 17 as Exhibit Number 12 to your deposition. Exhibit  
11:49:50 18 Number 12 is not Bates-numbered.

19 (Deposition Exhibit 12 was marked for  
20 identification.)

21 BY MS. WINDTBERG:

11:50:09 22 Q. Do recognize Exhibit 12?

11:50:10 23 A. Yes.

11:50:11 24 Q. What is it?

11:50:12 25 A. It's a court document.

Sara Do vs. Arizona Board of Regents  
Sara Do

July 10, 2023

CV-22-00190-PHX-JJT  
96

11:50:20 1 Q. This is the First Amended Complaint that was  
11:50:24 2 filed in the United States District Court for the District  
11:50:27 3 of Arizona on your behalf, correct?

11:50:28 4 A. Yes.

11:50:29 5 Q. Initiating the federal lawsuit that you've  
11:50:32 6 brought against the defendants?

11:50:33 7 A. Yes.

11:50:33 8 Q. If you would turn to page 10 of Exhibit Number 12  
11:50:41 9 and look at paragraph number 30. Partway -- Let's see.  
11:50:49 10 The second sentence of that paragraph says, "As a direct  
11:50:54 11 result of the vaccine, Do suffers serious episodic cardiac  
11:51:01 12 arrhythmia, often inclusive of tachycardic ventricular  
11:51:06 13 bigeminy." Is that helpful in you answering my question  
11:51:09 14 about what that means?

11:51:10 15 A. Yes. So bigeminy is where you have one normal  
11:51:22 16 heartbeat followed by an abnormal heartbeat. And if it's  
11:51:28 17 sustained, it means it continues to go on. Nonsustained  
11:51:34 18 or unsustained is where it just happens maybe a couple of  
11:51:37 19 times and then stops.

11:51:42 20 So the episodic just means, like I said, it  
11:51:44 21 happens whenever. The arrhythmia is the premature  
11:51:50 22 ventricular contractions. And then the tachycardiac  
11:51:57 23 ventricular bigeminy -- the word "premature" should have  
11:52:01 24 been in there, I believe, but its overall meaning is  
11:52:07 25 essentially the same. There is a ventricular arrhythmia.

Sara Do vs. Arizona Board of Regents  
Sara Do

July 10, 2023

CV-22-00190-PHX-JJT  
97

11:52:09 1 It originates in the ventricles of my heart. And  
11:52:16 2 tachycardia is when your heart rate goes into an  
11:52:19 3 abnormally fast speed, which is medically considered a  
11:52:24 4 hundred beats or faster.

11:52:26 5 Q. So I'm going to try to rephrase, and you can tell  
11:52:36 6 me if you agree or disagree with what I'm saying.

11:52:39 7 But what I'm understanding you to be saying  
11:52:41 8 is that you will periodically have an irregular heartbeat  
11:52:48 9 that consists of a pattern where you have a regular beat,  
11:52:51 10 then an abnormal beat, and that sometimes that is very  
11:52:56 11 rapid and it comes from the ventricles in your heart.

11:52:59 12 A. Yes.

11:52:59 13 Q. At the time you submitted your SAILS application  
11:53:07 14 to the SAILS office, how was your arrhythmia impacting you  
11:53:13 15 at school?

11:53:13 16 A. We're back to this Exhibit 11, right? Kind of?

11:53:23 17 Q. Well, I'm just asking about the time that you --  
11:53:25 18 at the time you registered with SAILS, how was your  
11:53:30 19 arrhythmia impacting you at school?

11:53:32 20 A. So at this time, I was doing overnight clinicals  
11:53:52 21 and having a disruption of sleep was causing them to be  
11:53:56 22 worse -- my arrhythmia. And my doctor had told me that I  
11:54:03 23 should stick to a normal sleep pattern, which included  
11:54:09 24 doing daytime clinicals.

11:54:17 25 Have I answered that or not really?

Sara Do vs. Arizona Board of Regents  
Sara Do

July 10, 2023

CV-22-00190-PHX-JJT  
98

11:54:19 1 Q. Not exactly the question that I asked.

2 A. Okay.

11:54:20 3 Q. What I want to understand is how was your medical  
11:54:23 4 condition impacting your ability to perform in the MEPN  
11:54:27 5 program?

11:54:29 6 A. Well, in the MEPN program, we were required to do  
11:54:31 7 the clinicals, and my medical condition was affecting that  
11:54:39 8 because if I was in arrhythmia, I wasn't really in a place  
11:54:50 9 where it was a good idea to be taking care of patients or  
11:54:56 10 attending clinicals.

11:54:59 11 Q. What do you mean when you say you weren't in a  
11:55:02 12 place that it was a good idea for you to be taking care of  
11:55:05 13 patients?

11:55:06 14 A. Physically. If I'm in arrhythmia and I'm feeling  
11:55:13 15 light-headed, taking care of another person who's relying  
11:55:19 16 on me for my strength and ability to do what I need to do  
11:55:24 17 for them isn't a good idea.

11:55:28 18 Q. Was it unsafe for you to be providing that care  
11:55:35 19 to other people when you were in arrhythmia?

11:55:37 20 MR. ENGLAND: Objection. Vague.

11:55:38 21 You can answer.

11:55:39 22 THE WITNESS: That would depend on how  
11:55:43 23 severe my arrhythmia would be at any given time. I would  
11:55:49 24 never ever knowingly put a patient at risk just so I could  
11:55:57 25 finish a clinical. If I felt unsafe, I would recognize



Sara Do vs. Arizona Board of Regents  
Sara Do

July 10, 2023

CV-22-00190-PHX-JJT  
105

12:04:15 1 Number 13 to your deposition.  
2 (Deposition Exhibit 13 was marked for  
12:04:28 3 identification.)  
12:04:28 4 BY MS. WINDTBERG:  
12:04:28 5 Q. Exhibit 13 is marked with Bates Numbers ABOR 237.  
12:04:35 6 Does this look like the doctor's note you  
12:04:37 7 would have submitted in support of your request to have  
12:04:39 8 daytime clinical shifts --  
12:04:40 9 A. Yes.  
12:04:41 10 Q. -- in March of 2021?  
12:04:43 11 A. Yes.  
12:04:43 12 Q. And this letter is dated February 11th of 2021,  
13 correct?  
12:04:47 14 A. Yes.  
12:04:47 15 Q. It's signed by Dr. El Khoury?  
12:04:51 16 A. Yes.  
12:04:55 17 Q. It indicates that it is advisable that you  
12:04:58 18 maintain a consistent sleep schedule and work during  
12:05:01 19 daytime hours, correct?  
12:05:02 20 A. Yes.  
12:05:03 21 Q. It does not ask for any other accommodations or  
12:05:05 22 modifications to your program at that time, correct?  
12:05:08 23 A. Correct.  
12:05:17 24 MS. WINDTBERG: Let's go ahead and take a  
12:05:19 25 break. Lunch is here.

Sara Do vs. Arizona Board of Regents  
Sara Do

July 10, 2023

CV-22-00190-PHX-JJT  
111

13:06:54 1 Q. And then if you turn to the next page of  
13:06:56 2 Exhibit 14, this is a Statement of Health Clearance Form  
13:07:00 3 from another one of your providers, correct?

13:07:02 4 A. Yes.

13:07:02 5 Q. And that's Dr. Lau. Is that correct?

13:07:06 6 A. Yes.

13:07:06 7 Q. And Dr. Lau indicates on this form that you need  
13:07:09 8 to be in daytime clinical hours so that you can have  
13:07:13 9 regular sleep and work. Do you see that?

13:07:15 10 A. Yes.

13:07:17 11 Q. And it appears to me that she attaches the same  
13:07:21 12 letter -- I'm sorry, not the same letter -- but the letter  
13:07:23 13 from Dr. El Khoury that you submitted with your SAILS  
13:07:26 14 application back in March of 2021. Do you see that?

13:07:31 15 A. Yes.

13:07:32 16 Q. Again, there's nothing indicating that you have  
13:07:34 17 any other limitations on your ability to participate in  
13:07:37 18 the MEPN program by Dr. Lau, correct?

13:07:40 19 A. On this document, correct.

13:07:41 20 Q. We've been talking about the spring of 2021. I  
13:07:50 21 want to transition into the summer of 2021. You took  
13:07:53 22 courses during the summer in 2021, correct?

13:07:57 23 A. Yes.

13:07:57 24 Q. And by June of 2021, was your heart condition  
13:08:08 25 worsening?

Sara Do vs. Arizona Board of Regents  
Sara Do

July 10, 2023

CV-22-00190-PHX-JJT  
112

13:08:09 1 A. Yes.

13:08:09 2 Q. How so?

13:08:11 3 A. I was having more frequent attacks of arrhythmia.  
13:08:18 4 They were lasting longer. Just symptomatically-wise it  
13:08:25 5 was worse.

13:08:26 6 Q. How frequently would you say you were having  
13:08:29 7 attacks of your arrhythmia?

13:08:31 8 A. I don't have dates or times indicated, but I know  
13:08:37 9 that it got so severe there were days that I was in bed  
13:08:40 10 without being able to get out for three days at a time.

13:08:44 11 Q. As a result of that, were you missing classes?

13:08:47 12 A. I don't recall if I ever missed a class. I  
13:08:52 13 didn't ever not turn in work, though. I know that.

13:08:56 14 Q. Would it be fair to say that in June of 2021,  
13:09:01 15 your condition was such that you were nearly incapacitated  
13:09:05 16 by it?

13:09:05 17 MR. ENGLAND: Objection. Vague. Calls for  
13:09:07 18 a legal conclusion.

13:09:09 19 You can answer, Sara.

13:09:10 20 THE WITNESS: It certainly felt that way.

13:09:12 21 BY MS. WINDTBERG:

13:09:15 22 Q. And were you sharing how you were feeling with  
13:09:17 23 your various instructors of your courses?

13:09:20 24 A. I don't recall how -- the extent that I may have  
13:09:23 25 shared anything with them.

Sara Do vs. Arizona Board of Regents  
Sara Do

July 10, 2023

CV-22-00190-PHX-JJT  
113

13:09:24 1 Q. You took NUR 478 the first time during the summer  
13:09:37 2 of 2021, correct?

3 A. Yes.

13:09:42 4 Q. And who was your course coordinator when you took  
13:09:44 5 it in the summer of 2021?

13:09:48 6 A. I can't recall. I know that my faculty of record  
13:09:54 7 was Professor Candace -- not Candace Keck -- it was  
13:09:58 8 Katelin Keown, and that's who I interacted with most of  
13:10:03 9 the time. But I believe she had somebody over her that  
13:10:06 10 was over the entire class, and I'm not sure who that  
13:10:09 11 person was.

13:10:14 12 Q. What is your understanding of the objectives of  
13:10:18 13 the nursing practice complex care course, NUR 478?

13:10:23 14 A. That is the clinical portion of complex care,  
13:10:29 15 which at the time was being referred to as critical care  
13:10:32 16 clinicals.

13:10:35 17 Q. And what are the objectives of that clinical  
13:10:38 18 course?

13:10:38 19 A. We're supposed to get some clinical hours in and  
13:10:43 20 have that experience for clinicals for that particular  
13:10:47 21 class. There is a separate didactic course for complex  
13:10:52 22 care, critical care.

13:10:54 23 Q. And what is your understanding of what complex  
13:10:57 24 care means?

13:10:58 25 A. It's adult care, so it's nonpediatric. And there

Sara Do vs. Arizona Board of Regents  
Sara Do

July 10, 2023

CV-22-00190-PHX-JJT  
114

13:11:06 1 are a variety of departments in a hospital that would --  
13:11:14 2 that would cover the requirements for what a complex care  
13:11:19 3 case would look like.

13:11:20 4 Q. And what is your understanding of what a complex  
13:11:27 5 case would be?

13:11:28 6 A. It could be really anything that would require a  
13:11:35 7 higher acuity of care for a patient that is hospitalized  
13:11:42 8 for some reason.

13:11:46 9 Q. You said that this was the clinical portion of  
13:11:49 10 the complex care course. Do you recall how many clinical  
13:11:56 11 hours you were required to complete as part of NUR 478  
13:12:00 12 during the summer of 2021?

13:12:02 13 A. I do not.

13:12:02 14 Q. Do you recall how many days you were scheduled to  
13:12:07 15 be in clinical shifts during that course?

13:12:10 16 A. It was six.

13:12:16 17 Q. And where were you scheduled to complete your  
13:12:21 18 clinical courses?

13:12:22 19 A. Originally, I was scheduled at Banner Gateway in  
13:12:27 20 Mesa.

13:12:27 21 Q. And why do you say originally?

13:12:32 22 A. That was just the original class that I had, and  
13:12:39 23 that was before I was put anywhere else for any makeup  
13:12:45 24 clinicals.

13:12:45 25 Q. For the actual class, apart from makeup

Sara Do vs. Arizona Board of Regents  
Sara Do

July 10, 2023

CV-22-00190-PHX-JJT  
115

13:12:48 1 clinicals, did you complete all of the clinical hours you  
13:12:52 2 completed at Banner Gateway?

13:12:53 3 A. Prior to needing to make any up? Yes.

13:12:57 4 Q. And were the clinical shifts that you completed  
13:13:00 5 at Banner Gateway daytime shifts?

13:13:03 6 A. Yes.

13:13:04 7 Q. Now, during the course of NUR 478, you missed  
13:13:14 8 some of your clinical shifts, correct?

13:13:15 9 A. Yes.

13:13:16 10 Q. And you missed shifts on July 9th and 10th of  
13:13:23 11 2021. Does that ring a bell?

13:13:25 12 A. Yes.

13:13:25 13 Q. As a result of missing those -- those two days of  
13:13:30 14 clinical shifts, you needed to make up certain hours and  
13:13:33 15 competencies, correct?

13:13:34 16 A. Correct.

13:13:35 17 Q. And am I also correct that it was around this  
13:13:38 18 same time that you were informed that you would no longer  
13:13:42 19 be able to make up missed clinical hours with alternative  
13:13:45 20 written assignments?

13:13:47 21 MR. ENGLAND: Objection. Vague.

13:13:48 22 You can answer.

13:13:50 23 THE WITNESS: I'm not sure of the dates.

13:13:53 24 BY MS. WINDTBERG:

13:13:54 25 Q. At some point, though, during the summer of 2021,

Sara Do vs. Arizona Board of Regents  
Sara Do

July 10, 2023

CV-22-00190-PHX-JJT  
116

13:13:56 1 were you told that you would no longer be allowed to make  
13:13:59 2 up missed clinical hours with alternative written  
13:14:02 3 assignments?

13:14:02 4 A. Yes.

13:14:03 5 Q. And do you recall receiving an email from  
13:14:10 6 Katherine Benedict explaining that going forward, if you  
13:14:15 7 missed any further clinical hours, you would need to make  
13:14:17 8 up those clinical hours in person?

13:14:19 9 A. It sounds familiar. Do you have -- do you have a  
13:14:24 10 printout maybe?

13:14:26 11 Q. It so happens I do.

13:14:28 12 A. Okay. Great. Thank you.

13:14:29 13 Q. Eventually.

13:15:08 14 I'll come back to that in a minute.

13:15:12 15 Do you recall having a meeting around the  
13:15:15 16 time you missed the two clinical days on July 9th and 10th  
13:15:20 17 of 2021 with Ms. Benedict and Dr. Bednarek about how you  
13:15:26 18 would move forward in NUR 478 after having missed those  
13:15:32 19 courses -- or those clinicals? Excuse me.

13:15:34 20 A. I remember meeting with Dr. Bednarek. We had so  
13:15:38 21 many different meetings, though, I can't recall  
13:15:40 22 specifically if Katherine was there or not, but she  
13:15:42 23 probably was. She was there for a couple of them.

13:15:48 24 Q. Okay. And do you recall if you made a video  
13:15:51 25 recording of that meeting on your cell phone?

Sara Do vs. Arizona Board of Regents  
Sara Do

July 10, 2023

CV-22-00190-PHX-JJT  
117

13:15:54 1 A. That particular one, I'm not sure if I did or not  
13:16:02 2 because, like I said, there were multiple meetings.

13:16:06 3 Q. You recorded several meetings that you had with  
13:16:08 4 Edson staff members, though, on your cell phone, correct?

13:16:12 5 A. Correct.

13:16:12 6 Q. And you produced those video recordings in the  
13:16:15 7 context of your lawsuits, correct?

13:16:19 8 A. Yes.

13:16:19 9 Q. And so if we wanted to know what was said during  
13:16:22 10 one of those conversations, we could review that video?

13:16:25 11 A. Yes.

13:16:25 12 Q. Now, during -- during your meeting with  
13:16:36 13 Dr. Bednarek on July 9th, did you also discuss the idea  
13:16:40 14 that on a forward-looking basis you would not be able to  
13:16:44 15 make up missed clinical hours with written assignments?

13:16:48 16 A. Yes.

13:16:49 17 Q. Following that meeting, did Professor Keck assign  
13:16:55 18 you some written assignments to make up missed clinical  
13:16:58 19 hours?

13:16:58 20 A. Yes.

13:16:59 21 Q. And do you recall when you received those  
13:17:01 22 assignments from Professor Keck?

13:17:03 23 A. I don't know the date. I'm sorry.

13:17:05 24 Q. And just to go back because I think you said you  
13:17:08 25 couldn't recall, does it refresh your recollection if I



Sara Do vs. Arizona Board of Regents  
Sara Do

July 10, 2023

CV-22-00190-PHX-JJT  
118

13:17:11 1 were to tell you that Professor Keck was your course  
13:17:14 2 coordinator for NUR 478?

13:17:16 3 A. Yes.

13:17:17 4 Q. And so I think you said that Kate Keown was your  
13:17:24 5 faculty of record and then there was also a course  
13:17:26 6 coordinator, correct?

13:17:28 7 A. Yes.

13:17:28 8 Q. And that would have been Candace Keck?

13:17:30 9 A. Yes.

13:17:32 10 Q. When you got the written assignments from  
13:17:35 11 Professor Keck, did you reach out to her to ask anything  
13:17:39 12 about, you know, whether those would be allowed having  
13:17:42 13 been just recently told by both Dr. Bednarek and  
13:17:46 14 Ms. Benedict that you wouldn't be allowed to do any  
13:17:48 15 alternative written assignments?

13:17:50 16 A. I can't recall if I specifically asked her that  
13:17:53 17 question or not. We had a lot of emails.

13:17:57 18 Q. Did you complete the written assignments that  
13:18:04 19 Professor Keck provided to you?

13:18:06 20 A. I completed the majority of them. I wasn't  
13:18:09 21 100 percent finished with them, though.

13:18:11 22 Q. But you don't recall whether or not you asked her  
13:18:16 23 if those would count to make up your missed clinical  
13:18:20 24 hours?

13:18:21 25 A. I don't know if I specifically asked her if they

Sara Do vs. Arizona Board of Regents  
Sara Do

July 10, 2023

CV-22-00190-PHX-JJT  
119

13:18:23 1 would count. I presumed that they would because she  
13:18:27 2 offered them to me, and she said they were for making up  
13:18:30 3 those clinical hours.

13:18:31 4 Q. Having had a discussion with Dr. Bednarek about  
13:18:34 5 the inability to make up missed clinical hours with  
13:18:38 6 written assignments, did you reach out to Dr. Bednarek  
13:18:41 7 after you received those assignments to see if they would  
13:18:44 8 count towards your missed hours?

13:18:46 9 A. I did not because I presumed that they had talked  
13:18:49 10 behind the scenes and that the boss knew what the employee  
13:18:53 11 was doing when she offered them to me, and I didn't want  
13:18:59 12 it to seem like I was questioning anybody's authority. So  
13:19:02 13 at the point that she offered me those assignments, I  
13:19:05 14 gladly took them and I figured they had probably already  
13:19:09 15 talked and come to a different conclusion than what I was  
13:19:12 16 told previously.

13:19:12 17 Q. Why did you figure that they had already talked?

13:19:15 18 A. I assumed that most bosses and employees are on  
13:19:21 19 the same page about things that they are doing and that  
13:19:28 20 they're assigning to a student or a subordinate, and I  
13:19:34 21 just presumed that they would know what each other is  
13:19:37 22 doing.

13:19:38 23 Q. And so it was based off of your assumption that  
13:19:41 24 Dr. Bednarek would know what Professor Keck had assigned  
13:19:44 25 to you?

Sara Do vs. Arizona Board of Regents  
Sara Do

July 10, 2023

CV-22-00190-PHX-JJT  
140

13:48:46 1 A. Her tone. She snipped at me. She said that she  
13:48:49 2 would go find me a different assignment. She wasn't -- I  
13:48:52 3 felt like she wasn't professional about it. She was --  
13:48:56 4 she just feeled -- it was -- it just felt like it was  
13:49:01 5 filled with contempt.

13:49:03 6 Q. You said you told her you were worried about the  
13:49:06 7 surgery and how your heart would handle it. What did you  
13:49:09 8 tell her about your heart at that time?

13:49:12 9 A. I don't remember exactly what I told her.

13:49:14 10 Q. Do you remember anything about what you told her?

13:49:20 11 A. I don't specifically. I was under the impression  
13:49:25 12 that she had already been filled in.

13:49:28 13 Q. Why were you under that impression?

13:49:30 14 A. I don't know. I guess my own presumption that  
13:49:36 15 they communicated.

13:49:39 16 Q. Nobody told you that they shared with Dr. Day  
13:49:41 17 that you had a heart condition, correct?

13:49:43 18 A. Not that I can recall.

13:49:44 19 Q. And so you didn't tell her any specifics about  
13:49:52 20 your arrhythmia or PVCs at that point, did you?

13:49:56 21 A. I don't recall if I did or not. I don't know if  
13:49:59 22 I told her I had already taken medication. I just -- I  
13:50:04 23 can't recall that specific.

13:50:05 24 Q. Did you talk to Dr. Day about concerns you were  
13:50:14 25 having with regard to your grandpa?

Sara Do vs. Arizona Board of Regents  
Sara Do

July 10, 2023

CV-22-00190-PHX-JJT  
141

13:50:17 1 A. I may have mentioned it. I don't know.

13:50:24 2 Q. Was your grandfather ill at the time of this  
13:50:27 3 clinical?

13:50:28 4 A. Yes.

13:50:29 5 Q. When you told Dr. Day that you had concerns about  
13:50:38 6 being put into the burn surgery, she found you a different  
13:50:45 7 surgery to attend, correct?

13:50:47 8 A. Yes.

13:50:47 9 Q. So you didn't participate in that burn surgery.  
13:50:51 10 Is that right?

13:50:51 11 A. That's correct.

13:50:52 12 Q. And do you recall what the alternate surgery  
13:50:59 13 was --

14 A. Yes.

13:50:59 15 Q. -- that you were scheduled for --

13:51:00 16 A. Yes.

13:51:00 17 Q. -- or sent to?

13:51:01 18 A. Yes.

13:51:02 19 Q. What was it?

13:51:05 20 A. It was a patient who -- he had -- he had been  
13:51:13 21 driving and his window was down and he got into a motor  
13:51:18 22 vehicle accident while his arm was out the window and his  
13:51:25 23 car flipped over and it degloved him. So it took the skin  
13:51:30 24 off from his palm all the way up to his shoulder area and  
13:51:39 25 you could see through the bones. So if he held his hand

Sara Do vs. Arizona Board of Regents  
Sara Do

July 10, 2023

CV-22-00190-PHX-JJT  
142

13:51:42 1 up, you could see across the room, like. So he -- he was  
13:51:51 2 in surgery because he needed to have a cleanout done, and  
13:52:02 3 they were going to pack his arm with antibiotic pellets.  
13:52:12 4 Yeah.

13:52:12 5 Q. And you attended that surgery with a different  
13:52:17 6 nurse besides Dr. Day. It was someone else who worked for  
13:52:21 7 Valleywise, correct?

13:52:22 8 A. Yes.

13:52:23 9 Q. Do you recall who that was?

13:52:24 10 A. No.

13:52:25 11 Q. Was that surgery already under way when you went  
13:52:31 12 to attend the surgery?

13:52:32 13 A. No. The patient -- I first interacted -- I first  
13:52:37 14 saw him in the pre-op area, and he was speaking with  
13:52:45 15 Valleywise staff members about the surgery. And I was  
13:52:50 16 basically standing back listening to what they were  
13:52:53 17 talking about.

13:52:53 18 Q. And then did he transition from there into the  
13:52:58 19 operating room?

13:52:58 20 A. Yes.

13:52:59 21 Q. And you went with him into the operating room?

13:53:02 22 A. I don't know if I walked -- I can't remember if I  
13:53:04 23 walked with him, alongside him, but I believe we did.

13:53:07 24 Q. Let's start with the preoperative time frame.  
13:53:14 25 How many people were present when you were there in the

Sara Do vs. Arizona Board of Regents  
Sara Do

July 10, 2023

CV-22-00190-PHX-JJT  
143

13:53:18 1 area with that patient?

13:53:19 2 A. Well, there was the patient and there was a nurse  
13:53:24 3 in front of him who was taking some notes on a computer.  
13:53:29 4 And then I remember -- I think it was an anesthesiologist  
13:53:34 5 that came to talk with him about what to expect and ask if  
13:53:38 6 he had any questions. I think -- I don't remember if the  
13:53:46 7 surgeon came by or not to speak with him. But it  
13:53:51 8 wasn't -- there wasn't a lot of people in the room.

13:53:53 9 Q. And do you recall anything else about what  
13:53:57 10 happened in the preoperative time frame?

13:53:59 11 A. No.

13:54:01 12 Q. And so after you all transition into the  
13:54:04 13 operating room, what happens?

13:54:06 14 A. They intubated the patient and began the surgery.

13:54:21 15 Q. Then what?

13:54:22 16 A. They performed the surgery on him. They -- there  
13:54:29 17 was a nurse -- everybody had masks on and everybody had on  
13:54:36 18 surgical scrubs, so I didn't see name tags or anything of  
13:54:40 19 anybody. But there was a tall blonde nurse that told me  
13:54:44 20 to go sit. There was a stool in the corner next to the  
13:54:48 21 door, and she told me to go sit there and watch the  
13:54:53 22 surgery.

13:54:59 23 The surgeon was progressing with the  
13:55:02 24 surgery. And when they were doing the cleanout, they were  
13:55:10 25 using high-pressured saline. And they told me that I

Sara Do vs. Arizona Board of Regents  
Sara Do

July 10, 2023

CV-22-00190-PHX-JJT  
144

13:55:15 1 needed to move to the opposite side of the room or I could  
13:55:20 2 get splashed with the fluids, the blood and the fluids  
13:55:25 3 that was coming out of his arm. And there was another  
13:55:34 4 older nurse in there. I don't know her name, but she was  
13:55:37 5 older. And she was throwing towels on the floor because  
13:55:43 6 the blood and the -- all the stuff was dripping on the  
13:55:49 7 floor under the patient. And so when they told me that I  
13:55:56 8 needed to move, I went over into the opposite corner --  
13:56:02 9 like from where I was, I just kept walking, like, forward.  
13:56:06 10 And that's where this blonde nurse was, and she said that  
13:56:11 11 I could sit down right there instead, and so I did.

13:56:16 12 Q. And during the surgery, apart from when you were  
13:56:23 13 physically moving in the room, what were you doing?

13:56:25 14 A. I was watching the surgery, and I was looking  
13:56:31 15 around the room. That was my first time ever being in an  
13:56:37 16 operating room aside from being a patient, and so I had  
13:56:40 17 never seen it and there was a lot of really interesting  
13:56:44 18 things to see, the organization of the room. It was  
13:56:52 19 just -- it was just -- I don't know. It was -- it was  
13:56:55 20 interesting, neat. I don't know. I just looked around to  
13:57:00 21 see all the new sights that I had never seen before.

13:57:06 22 Q. Were you asking any questions of the providers  
13:57:08 23 who were in there? So I think you said there were a few  
13:57:11 24 nurses and the surgeon. Did you ask them any questions  
13:57:13 25 about the procedure or anything else?

Sara Do vs. Arizona Board of Regents  
Sara Do

July 10, 2023

CV-22-00190-PHX-JJT  
145

13:57:15 1 A. No. I don't -- I don't remember asking any  
13:57:18 2 questions about the procedure. They were all being --  
13:57:23 3 they were talking amongst one another, and the surgeon  
13:57:29 4 chastised another -- I think it was a surgical tech -- for  
13:57:34 5 using the wrong name for a body part. And I was afraid to  
13:57:38 6 say anything because I didn't want that to happen to me,  
13:57:42 7 so I just listened to what was being said.

13:57:47 8 Q. I just want to make sure I understand.

13:57:50 9 In the operating room, who all was present?  
13:57:53 10 So you had mentioned a tall blonde nurse, an older nurse,  
13:57:56 11 the surgeon, now a surgical tech. Were there any other  
13:58:00 12 people in the operating room?

13:58:01 13 A. There was either an anesthesiologist or a nurse  
13:58:04 14 anesthetist. I'm not sure what was being used.

13:58:07 15 Q. Anyone else?

13:58:09 16 A. Not that I can recall.

13:58:10 17 Q. Stepping back out for a minute in the  
13:58:14 18 preoperative time frame, what were you doing during that  
13:58:17 19 time frame?

13:58:18 20 A. I was standing in front of the patient. So he  
13:58:22 21 was laying on a gurney, and I was basically at the foot of  
13:58:27 22 his bed with a couple of feet in between us, probably at  
13:58:31 23 least three feet between us, so that I could give enough  
13:58:35 24 room for any staff members that needed to talk to him.  
13:58:39 25 And so I was just standing there listening to what they



Sara Do vs. Arizona Board of Regents  
Sara Do

July 10, 2023

CV-22-00190-PHX-JJT  
146

13:58:41 1 were saying.

13:58:42 2 Q. Did you speak with the patient at all?

13:58:45 3 A. No, I don't recall speaking with him.

13:58:47 4 Q. Did you speak with any of the nurses or other  
13:58:53 5 people -- other providers who were there in the  
13:58:55 6 preoperative space?

13:58:57 7 A. There was a nurse who I was standing next to for  
13:59:00 8 a little bit, and I think she was the one that was taking  
13:59:04 9 notes about the patient. And I think she had told me  
13:59:10 10 something about the patient, like what she was doing with  
13:59:12 11 charting, but that was really our only interaction.

13:59:17 12 Q. Did you ask her any questions?

13:59:19 13 A. Not that I can recall.

13:59:21 14 Q. And so going back to while you were in the  
13:59:28 15 operating room, you had moved -- you had sat in the chair  
13:59:34 16 where they told you to sit and then they told you you  
13:59:36 17 should move. You moved to the other side of the room.  
13:59:39 18 What happened after that?

13:59:40 19 A. I was in arrhythmia really bad at this time, so  
13:59:49 20 there are some parts of my recollection that are -- that  
13:59:54 21 feel kind of hazy because I just -- I was trying to hide  
14:00:01 22 it and push through it, but it was getting worse.

14:00:10 23 So I'm probably not answering your question,  
14:00:17 24 am I?

14:00:18 25 Q. No, you are. I'm just trying to understand what

Sara Do vs. Arizona Board of Regents  
Sara Do

July 10, 2023

CV-22-00190-PHX-JJT  
147

14:00:20 1 happens next.

14:00:20 2 A. I -- I know that I stepped out of the room a  
14:00:28 3 couple different times, which I didn't think twice about  
14:00:39 4 doing. I did ask, "Is it okay if I step out?" And the  
14:00:44 5 tall blonde nurse said, "Yeah, that's fine. Go ahead."

14:00:49 6 I remember saying that I had a heart problem  
14:00:51 7 and I was having some issues.

14:00:52 8 Q. Who did you say that to?

14:00:58 9 A. The tall blonde. She had an accent. I don't  
14:01:01 10 know what her name was or -- she was from a different  
14:01:03 11 country; that's all I remember. She had shared that with  
14:01:07 12 me, but I can't even remember what country it was now.

14:01:09 13 Q. And you told her that you were having heart  
14:01:14 14 problems?

14:01:15 15 A. Yes.

14:01:15 16 Q. And that you were having issues?

14:01:17 17 A. Yes.

14:01:17 18 Q. Did you tell her specifically what those issues  
14:01:20 19 were?

14:01:20 20 A. I can't remember how detailed I got with her.

14:01:23 21 Q. Did she ask you any follow-up questions when you  
14:01:26 22 mentioned that you were having heart problems?

14:01:28 23 A. I can't recall specifically if she did.

14:01:30 24 Q. And you said you stepped out a couple different  
14:01:33 25 times. How many times did you step out of the operating

Sara Do vs. Arizona Board of Regents  
Sara Do

July 10, 2023

CV-22-00190-PHX-JJT  
148

14:01:35 1 room during that surgery?

14:01:36 2 A. At least two that I know of, maybe three.

14:01:41 3 Q. What did you do when you left the operating room?

14:01:47 4 A. I went into the restroom and splashed some water  
14:01:56 5 on my face. And I remember taking more medication,  
14:02:04 6 getting a drink of water.

14:02:12 7 Q. Anything else?

14:02:13 8 A. Not that I can specifically remember.

14:02:20 9 There was -- there was people, like, walking  
14:02:21 10 in and out of that surgery room, so I didn't really think  
14:02:27 11 twice about, you know, the safety of going in and out  
14:02:30 12 because other people were doing it.

14:02:32 13 Q. You said that you took more medication. Had you  
14:02:36 14 previously taken medication?

14:02:37 15 A. Yes. I had taken my morning dose before I got  
14:02:40 16 there.

14:02:40 17 Q. And when you say "morning dose," were you taking  
14:02:44 18 your heart medication on a daily basis at that point?

14:02:48 19 A. I would have to see records because I know for a  
14:02:56 20 while I was taking it as needed. But I know that I took  
14:03:00 21 it that morning for sure because -- I think I was taking  
14:03:06 22 it regularly then. I'm pretty sure I was.

14:03:10 23 Q. What medication was that?

14:03:11 24 A. It was metoprolol.

14:03:14 25 Q. So you -- you took more while you had stepped out

Sara Do vs. Arizona Board of Regents  
Sara Do

July 10, 2023

CV-22-00190-PHX-JJT  
154

14:20:26 1 but I think that it was her -- and she told me to grab a  
14:20:33 2 lead vest, to put it on. And so there was a lead vest  
14:20:38 3 that I had picked up off of a chair and I put it on. And  
14:20:48 4 by this time, my heart was -- it was really bad and I was  
14:20:52 5 feeling really -- just overall really bad. And the  
14:21:01 6 patient had not yet been cut into yet. And I told her  
14:21:08 7 that I needed to go and take some more of my medication  
14:21:12 8 because I was having some heart issues. I think I did say  
14:21:18 9 that I was in arrhythmia at that time, and I asked if I  
14:21:24 10 could step out and go take some medication. And she said,  
14:21:27 11 "Yeah, that's totally fine. You know, go ahead and do  
14:21:31 12 what you need to do."

14:21:33 13 And I left, went back into the locker room,  
14:21:39 14 and I took some more medication, went into the bathroom,  
14:21:46 15 put some water on my face, and was still not feeling well,  
14:21:52 16 and I'm running through my mind what do I need to do. I  
14:21:57 17 knew that I had to get those clinical hours in that day,  
14:22:01 18 but it was getting worse. And I think it was probably at  
14:22:11 19 that time that I was out of the room for I don't know how  
14:22:16 20 long. 10, 15 minutes or so, I'm guessing. And I think it  
14:22:27 21 was at that time that I made the decision not to go back  
14:22:29 22 into the room.

14:22:30 23 I walked back over to the surgery room and  
14:22:34 24 the patient -- the surgery had already started. And this  
14:22:38 25 particular patient was not being packed with antibiotic

Sara Do vs. Arizona Board of Regents  
Sara Do

July 10, 2023

CV-22-00190-PHX-JJT  
155

14:22:42 1 pellets. He was not having a cleanout of a wound  
14:22:51 2 performed like the previous patient. And I felt like it  
14:22:58 3 might cause him harm if I opened the door to walk back in  
14:23:06 4 this surgery. I didn't see people going in and out of the  
14:23:09 5 room like I did the first one. And out in the hallway,  
14:23:15 6 they had a lot of boxes for, like, inventory, and it  
14:23:20 7 wasn't very clean. And I just was concerned that by  
14:23:25 8 opening the door, it could cause, like, a rush of air to  
14:23:29 9 go into the room and with the patient having already been  
14:23:34 10 cut into, I didn't want it to cause an infection, so I  
14:23:40 11 didn't open the door back to tell them that I was leaving,  
14:23:48 12 and that was why.

14:23:49 13 Q. How long would you say you were in the operating  
14:23:57 14 room before you stepped out?

14:23:58 15 A. For the second surgery?

14:24:00 16 Q. Correct.

14:24:01 17 A. My -- my best educated guess would be 20 minutes  
14:24:13 18 or so, give or take. I really don't know. But it  
14:24:18 19 wasn't -- it wasn't terribly long. Like I said, the  
14:24:23 20 patient had been put in traction already, but he had not  
14:24:27 21 been cut into yet.

14:24:28 22 Q. Was the patient awake?

14:24:30 23 A. No, he was not.

14:24:33 24 Q. And what were you doing during the time that you  
14:24:38 25 were in the operating room?

14:24:39 1 A. I was standing -- this operating room was smaller  
14:24:43 2 than the first one, and it was very cramped. It wasn't  
14:24:47 3 small, but it was smaller. And where the patient's table  
14:24:53 4 was in comparison to the door, there wasn't a lot of  
14:24:57 5 movable space. And things were moving very quickly in  
14:25:02 6 there, so I tried to just stay out of everybody's way. I  
14:25:08 7 can't imagine it's easy having a student anywhere where  
14:25:12 8 you're trying to perform trauma surgery, so I didn't want  
14:25:15 9 to get in the way and cause any kind of disruption, so I  
14:25:19 10 just kind of stayed back a little bit and just watched.

14:25:23 11 Q. Were you engaging with the providers that were in  
14:25:27 12 the room?

14:25:27 13 A. There was one provider there that -- I don't know  
14:25:31 14 what his name was; I don't know what he did. I'm guessing  
14:25:37 15 that he was an anesthesiologist. He -- he did talk with  
14:25:42 16 me about some stuff that he was doing. I wasn't really  
14:25:53 17 carrying on like a whole conversation with him. I felt  
14:25:56 18 like I was just listening more than anything to what he  
14:25:59 19 was saying to me.

14:26:00 20 Q. Did you ask any questions of him?

14:26:03 21 A. Not that I can recall.

14:26:04 22 Q. Did you ask any questions of anybody else?

14:26:07 23 A. Not that I can recall.

14:26:08 24 Q. Can you tell me who you remember -- how many  
14:26:13 25 people, what types of people were in the room?

Sara Do vs. Arizona Board of Regents  
Sara Do

July 10, 2023

CV-22-00190-PHX-JJT  
157

14:26:15 1 A. Not as much as I could with the other one. It  
14:26:21 2 seemed like there was more people in the room, but it may  
14:26:24 3 have just been more cramped. Yeah, I don't -- I don't  
14:26:32 4 know. This particular patient was having the x-ray  
14:26:37 5 procedure done, so I don't know if there were, like,  
14:26:43 6 radiology techs in there. I'm just not sure.

14:26:46 7 Q. Well, we know -- you said you went into the  
14:26:48 8 surgery with the nurse who Dr. Day had passed you off  
14:26:53 9 with, correct? So there was that nurse.

14:26:54 10 A. Yes.

14:26:54 11 Q. There was this gentleman you spoke with who might  
14:26:57 12 have been an anesthesiologist. Was there a surgeon in the  
14:27:00 13 room?

14:27:00 14 A. I don't recall if there was or not.

14:27:03 15 Q. Okay. Who else was in the room?

14:27:05 16 A. There were just nurses there, but I don't -- I  
14:27:10 17 don't -- it's hard for me to identify any -- it's  
14:27:13 18 impossible because I just -- I didn't know anybody and  
14:27:18 19 everybody had on a mask and a cap, and I didn't see name  
14:27:25 20 tags.

14:27:25 21 Q. When you stepped out to take your break, you said  
14:27:32 22 that you were feeling pretty bad at that point. Again,  
14:27:40 23 what was it that you were feeling?

14:27:42 24 A. I was feeling the near-syncope, the very heavy  
14:27:51 25 fluttering in my chest. I had chest pain. I remember my

Sara Do vs. Arizona Board of Regents  
Sara Do

July 10, 2023

CV-22-00190-PHX-JJT  
158

14:27:58 1 hands and feet were very cold and -- they weren't, like,  
14:28:02 2 numb, but they just didn't feel -- they feel like if  
14:28:05 3 you've been outside for a long time and it's cold and you  
14:28:08 4 just don't have as much control or feeling in your hands  
14:28:11 5 and feet. I felt -- I was very afraid. I --

14:28:28 6 Q. Why were you afraid?

14:28:30 7 A. All those reasons from earlier. I was afraid  
14:28:36 8 of -- I was afraid of passing out and then causing a  
14:28:44 9 second patient in the room when the attention should be  
14:28:47 10 focused on the patient on the bed. I was afraid of  
14:28:55 11 failing. I was afraid of what was going on with my heart.

14:29:07 12 Q. Did you feel like at that -- at that time you  
14:29:09 13 needed medical attention?

14:29:10 14 A. Probably so.

14:29:20 15 Q. You can't say for sure?

14:29:25 16 A. It was severe enough to where I should have, but  
14:29:33 17 again, I didn't want to cause problems for anybody. And I  
14:29:42 18 already knew, you know, that I had gone to the emergency  
14:29:45 19 room at a different clinical, and I didn't want to do it  
14:29:48 20 again.

14:29:48 21 Q. And you said that you stepped out of the room and  
14:30:00 22 you were gone for, you thought, 10 or 15 minutes. When  
14:30:04 23 you left the operating room, did you tell anyone where you  
14:30:09 24 were going?

14:30:09 25 A. In that second surgery, I asked if I could go to



Sara Do vs. Arizona Board of Regents  
Sara Do

July 10, 2023

CV-22-00190-PHX-JJT  
159

14:30:13 1 the locker room and take some more medication, so I told  
14:30:17 2 her I was going to the locker room.

14:30:18 3 Q. And you said that you were going to take more  
14:30:20 4 medication. Did you tell her what it was for?

14:30:25 5 A. I told her that I -- I believe that I told her I  
14:30:28 6 had arrhythmia, that I had heart arrhythmia and I needed  
14:30:32 7 to take some more of my medicine.

14:30:34 8 Q. And when you stepped out for that break, did you  
14:30:37 9 ever go back into that operating room?

14:30:38 10 A. No.

14:30:39 11 Q. You said that you knew that the surgery had  
14:30:43 12 already started. How did you know that the surgery had  
14:30:45 13 already started?

14:30:46 14 A. I -- it's been a long time since I was in that  
14:30:52 15 room on that day, and I can't recall if there was a window  
14:30:58 16 into that room. I can't tell you a hundred percent how I  
14:31:05 17 knew. But I -- I felt -- like, looking back now, I just  
14:31:12 18 feel like I knew that the surgery had started and that it  
14:31:16 19 wouldn't be safe for the patient if I opened that door or  
14:31:19 20 that it could potentially not be safe for them and I  
14:31:22 21 didn't want to put them at risk.

14:31:24 22 Q. When you told the individual that you were going  
14:31:29 23 to the locker room, did they say, "Don't come back in"?

14:31:32 24 A. No.

14:31:32 25 Q. And so when you left, the understand- -- what you

Sara Do vs. Arizona Board of Regents  
Sara Do

July 10, 2023

CV-22-00190-PHX-JJT  
160

14:31:41 1 had conveyed was that you would be in the locker room, but  
14:31:44 2 it wasn't clear if you would be coming back. Is that  
14:31:47 3 fair?

14:31:47 4 A. I didn't address whether I was coming back  
14:31:50 5 because I hadn't intended on just leaving at that time. I  
14:31:54 6 intended to go take some medication and put some water on  
14:31:58 7 my face. There are some moves that you can do with a  
14:32:06 8 heart condition, like where you bear down and it's  
14:32:08 9 supposed to help your heart slow down if it's going too  
14:32:12 10 fast. So I did that a couple of times hoping that  
14:32:14 11 something would help kick me back into a regular rhythm,  
14:32:19 12 and it just wasn't working.

14:32:23 13 Q. How long were you out of the operating room  
14:32:25 14 before you decided that you needed to go home?

14:32:28 15 A. It was however long -- let's see. I don't know.  
14:32:37 16 I think I was out for, like, 15 minutes, like at the most  
14:32:44 17 maybe. It was so long ago. Honestly, when I'm in  
14:32:48 18 arrhythmia, things are very foggy. So I can't tell you a  
14:32:52 19 hundred percent sure how long I was out, but looking back  
14:32:55 20 now, maybe 15 minutes.

14:32:57 21 Q. And when you left the lock- -- or when you left  
14:33:04 22 the operating room to go to the locker room, did you see  
14:33:08 23 anybody else in the hallway, in the locker room --

14:33:11 24 A. No.

14:33:11 25 Q. -- in the spaces that you pass through to get

Sara Do vs. Arizona Board of Regents  
Sara Do

July 10, 2023

CV-22-00190-PHX-JJT  
162

14:34:50 1 to tell her I was taking a break because I was in  
14:34:52 2 arrhythmia and I took some medication. And then I called  
14:35:00 3 Dr. Bednarek on her work -- her work phone number and it  
14:35:07 4 went to voice mail. It was the weekend. I thought she  
14:35:10 5 may have had her phone forwarded to voice mail -- or to  
14:35:15 6 her cell phone or something.

14:35:17 7 Q. Did you try calling Dr. Day?

14:35:22 8 A. No.

14:35:23 9 Q. Why not?

14:35:24 10 A. I didn't believe that I had her phone number. I  
14:35:30 11 hadn't recalled ever getting her phone number from her.

14:35:33 12 Q. Do you now recall whether you had been given  
14:35:40 13 Dr. Day's phone number?

14:35:41 14 A. I don't believe that I was ever given her phone  
14:35:43 15 number. I think at one point when I was looking through  
14:35:46 16 old emails I saw that it may have been in a signature on  
14:35:50 17 one of her emails, but it didn't dawn on me to look back  
14:35:55 18 through previous emails to check and see if I could find a  
14:35:58 19 signature that had a phone number in it.

14:36:00 20 Q. Did you do anything to look for Dr. Day's phone  
14:36:05 21 number before you sent her the email?

14:36:07 22 A. No.

14:36:08 23 Q. So you stepped out and you thought it would be  
14:36:14 24 best to send her an email to let her know you were  
14:36:16 25 stepping out of the OR?

Sara Do vs. Arizona Board of Regents  
Sara Do

July 10, 2023

CV-22-00190-PHX-JJT  
166

14:39:49 1 badly?

14:39:49 2 A. I don't know if I called him or if I walked out  
14:39:52 3 there. But I did walk out there at some point and sat in  
14:39:54 4 my car and talked with him.

14:39:56 5 Q. When was that?

14:39:56 6 A. It was before I left. We pulled out of the  
14:39:59 7 parking lot right as soon as I sent the second email that  
14:40:04 8 said I was leaving to Dr. Day.

14:40:16 9 Q. And you don't recall where you went from there?

14:40:18 10 A. I don't recall. If you didn't see any medical  
14:40:23 11 records, it's quite possible I just went home.

14:40:26 12 Q. And I just want to make sure that I'm  
14:40:31 13 understanding. Before you left the Valleywise facility,  
14:40:34 14 you did not tell anyone at Valleywise that you were in  
14:40:38 15 fact leaving that facility, correct?

14:40:41 16 A. That's correct. Well, except for Dr. Day, and I  
14:40:43 17 did email her before --

14:40:44 18 Q. You didn't speak with her before you left,  
19 correct?

14:40:46 20 A. That's correct.

14:40:46 21 Q. And you didn't get a response to either of your  
14:40:49 22 emails from her before you left, correct?

14:40:51 23 A. That's correct.

14:40:51 24 Q. And I think you said you didn't actually get  
14:40:56 25 ahold of Dr. Bednarek either. Is that right?

Sara Do vs. Arizona Board of Regents  
Sara Do

July 10, 2023

CV-22-00190-PHX-JJT  
167

14:40:58 1 A. When I called her, she did not answer.

14:41:00 2 Q. Do you know if Valleywise has an emergency room  
14:41:06 3 at their facility?

14:41:07 4 A. I would assume they do.

14:41:09 5 Q. Did you consider at all trying to go to the  
14:41:13 6 emergency room at Valleywise?

14:41:15 7 A. No. I don't think I did.

14:41:16 8 Q. Why not?

14:41:17 9 A. Usually if you go to the emergency room on a  
14:41:22 10 clinical shift, you have to fill out an incident report.  
14:41:26 11 And Dr. Day would have had to have filled that out for me  
14:41:30 12 as my faculty of record, and I didn't want to upset her  
14:41:34 13 more than I felt like she was already upset with me.

14:41:36 14 Q. But you've told us also that you were in distress  
14:41:42 15 with your heart, correct?

14:41:43 16 A. I felt I was, yes.

14:41:44 17 Q. And in your mind, you were more concerned about  
14:41:48 18 having an incident report filled out than addressing your  
14:41:51 19 heart concerns?

14:41:53 20 MR. ENGLAND: Objection. Argumentative.

14:41:55 21 You can answer.

14:41:57 22 THE WITNESS: My doctors have told me that I  
14:41:59 23 need to take medication and I need to lay down. And when  
14:42:05 24 seeking treatment at the hospital, that's essentially what  
14:42:08 25 happens. I get IV fluid, take more medication, and lay

Sara Do vs. Arizona Board of Regents  
Sara Do

July 10, 2023

CV-22-00190-PHX-JJT  
239

16:54:17 1 BY MS. WINDTBERG:

16:54:17 2 Q. In the fall of 2020, you had not yet requested  
16:54:20 3 any accommodations from ASU or Edson College, correct?

16:54:26 4 A. That's correct.

16:54:27 5 Q. And in the spring semester of 2021, you  
16:54:30 6 registered with SAILS in March, correct?

16:54:32 7 A. Yes.

16:54:33 8 Q. Between March 1st when you registered with the  
16:54:39 9 SAILS department and the end of that spring 2021 semester,  
16:54:42 10 were you ever denied the opportunity to attend classes  
16:54:45 11 remotely?

16:54:46 12 A. I can't remember.

16:54:47 13 Q. In the summer of 2021, were you denied the  
16:54:55 14 opportunity to attend classes remotely?

16:54:58 15 A. I can't remember dates, honestly. I wish I  
16:55:03 16 could.

16:55:03 17 Q. Do you recall any specific class that you wanted  
16:55:07 18 to attend remotely that you were denied the opportunity to  
16:55:09 19 attend remotely?

16:55:11 20 A. Not specifically.

16:55:19 21 Q. After the summer of 2021, you took the leave of  
16:55:22 22 absence from your learning, correct? For a period of  
16:55:28 23 time?

16:55:28 24 A. I was out of the program for that amount of time.

16:55:37 25 Q. You did not return for the fall 2021 semester.

Sara Do vs. Arizona Board of Regents  
Sara Do

July 10, 2023

CV-22-00190-PHX-JJT  
242

16:58:17 1 BY MS. WINDTBERG:

16:58:20 2 Q. How would having an incomplete in the class help  
16:58:24 3 you address your arrhythmia?

16:58:25 4 MR. ENGLAND: Same objection.

16:58:27 5 You can answer, Sara.

16:58:29 6 THE WITNESS: It would have given me time to  
16:58:34 7 try and get a control -- a better control of the  
16:58:36 8 arrhythmia, whether it was through medication changes or  
16:58:41 9 titration of doses, and it would have alleviated a lot of  
16:58:45 10 stress that further got put on me when they said I would  
16:58:48 11 have to redo the entire class in its entirety.

16:58:52 12 BY MS. WINDTBERG:

16:58:52 13 Q. Prior to attending the clinical at Valleywise,  
16:58:56 14 you had been offered the ability to take an incomplete in  
16:58:59 15 the NUR 478 course, correct?

16:59:02 16 A. Yes.

16:59:02 17 Q. And it was only after that you were informed that  
16:59:04 18 you had failed the class that you asked to receive the  
16:59:07 19 incomplete. Is that correct?

16:59:09 20 A. Yes.

16:59:09 21 Q. Exhibit Number 20, Item Number 3 on your list is  
16:59:19 22 the "Ability to complete assignments at an ASU testing  
16:59:23 23 center."

16:59:24 24 How would completing assignments at an ASU  
16:59:27 25 testing center have accommodated your disability?

Sara Do vs. Arizona Board of Regents  
Sara Do

July 10, 2023

CV-22-00190-PHX-JJT  
247

1 STATE OF ARIZONA )

2 COUNTY OF MARICOPA )

3 BE IT KNOWN that the foregoing proceedings  
4 were taken before me; that the witness before testifying  
5 was duly sworn by me to testify to the whole truth; that  
6 the foregoing pages are a full, true, and accurate record  
7 of the proceedings all done to the best of my skill and  
8 ability; that the proceedings were taken down by me in  
9 shorthand and thereafter reduced to print under my  
10 direction.

11 I CERTIFY that I am in no way related to any  
12 of the parties hereto nor am I in any way interested in  
13 the outcome hereof.

14 ☐ Review and signature was requested.

15 ☐ Review and signature was waived.

16 ☒ Review and signature was not requested.

17 I CERTIFY that I have complied with the  
18 ethical obligations set forth in ACJA 7-206(F)(3) and  
19 ACJA 7-206 (J)(1)(g)(1) and (2). Dated at Phoenix,  
20 Arizona, this 23rd day of July, 2021.

21

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25



Meri Coash, RMR, CRR

Certified Reporter

Arizona CR No. 50327

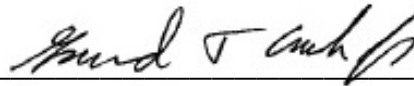


Sara Do vs. Arizona Board of Regents  
Sara Do

July 10, 2023

CV-22-00190-PHX-JJT  
248

1 I CERTIFY that Coash & Coash, Inc., has  
2 complied with the ethical obligations set forth in  
3 ACJA 7-206 (J)(1)(g)(1) through (6).  
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A handwritten signature in cursive script, appearing to read "David T. Coash", is written over a horizontal line.

13 COASH & COASH, INC.

14 Registered Reporting Firm

15 Arizona RRF No. R1036  
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# **EXHIBIT 10**

Sara Do vs. Arizona Board of Regents  
Sara Do

August 2, 2023

CV-22-00190-PHX-JJT

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IN THE UNITED STATES DISTRICT COURT  
FOR THE DISTRICT OF ARIZONA

Sara Do, an individual,	)	
	)	
Plaintiff,	)	
	)	
v.	)	No.
	)	CV-22-00190-PHX-JJT
Arizona Board of Regents, an	)	
Arizona State Entity; et al.,	)	
	)	
Defendants.	)	
_____	)	

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IN THE SUPERIOR COURT OF THE STATE OF ARIZONA  
IN AND FOR THE COUNTY OF MARICOPA

Sara Do, an individual,	)	
	)	
Plaintiff,	)	No. CV2022-009424
	)	
v.	)	
	)	VIDEOTAPED
Arizona Board of Regents, an	)	DEPOSITION OF
Arizona State Entity;	)	SARA DO
Dr. Kimberly Day, an unmarried	)	
person; Dr. Salina Bednarek and	)	VOLUME 2
Joshua Bednarek, wife and	)	(Pages 249 Through
husband; Dr. Margaret Morris	)	438, Inclusive)
and Phillip Morris, wife and	)	
husband; Candace Keck and	)	
Jonathan Keck, wife and	)	
husband,	)	Phoenix, Arizona
	)	
Defendants.	)	August 2, 2023
_____	)	

23  
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Prepared by:  
Meri Coash, RMR, CRR  
Certified Reporter  
Certification No. 50327

**CERTIFIED  
TRANSCRIPT**

Sara Do vs. Arizona Board of Regents  
Sara Do

August 2, 2023

CV-22-00190-PHX-JJT  
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## I N D E X

WITNESS		PAGE
Examination By Ms. Windtberg		255
Examination By Ms. Chasson		343
EXHIBITS MARKED		
EXHIBITS	DESCRIPTION	PAGE
Exhibit 21	Unofficial Transcript ABOR004108 - 004109	262
Exhibit 22	Complaint CV2022-009424	299
Exhibit 23	Desert Grove medical records DGFM000130 - 000133 CONFIDENTIAL	324
Exhibit 24	Compliance Requirements form Valleywise-0001	344
Exhibit 25	Email from Sara Do to Thong Do dated 10-30-21, with attachments Do_008353 - 008378 CONFIDENTIAL	348
Exhibit 26	Email string ending from Sara Do to Salina Bednarek dated 6-26-21 ABOR002774 - 002777	354
Exhibit 27	Email from Salina Bednarek to Sara Do dated 7-20-21 ABOR003113	360
Exhibit 28	Plaintiff Sara Do's Responses to Defendant Valleywise Health's First Set of Interrogatories Case No.: 2:21-cv-00190-JJT	404
Exhibit 29	Text messages	426
Exhibit 30	Text messages	426

Sara Do vs. Arizona Board of Regents  
Sara Do

August 2, 2023

CV-22-00190-PHX-JJT  
251

PREVIOUSLY MARKED EXHIBITS

Exhibit 20	Page 259
Exhibit 12	Page 272
Exhibit 15	Page 362
Exhibit 16	Page 393

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Sara Do vs. Arizona Board of Regents  
Sara Do

August 2, 2023

CV-22-00190-PHX-JJT  
252

1 VIDEOTAPED DEPOSITION OF SARA DO  
2 was taken on August 2, 2023, resumed at 9:05 a.m., at the  
3 law office of Osborn Maledon, PA, 2929 North Central  
4 Avenue, Phoenix, Arizona, before Meri Coash, a Certified  
5 Reporter in the State of Arizona.

6 \* \* \*

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15 bre@agzlaw.com

16 and

17 BEYERS FARRELL, PLLC  
18 By: Michael Farrell, Esq.  
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22 602-738-3022  
23 mfarrell@bfazlaw.com

24 For Defendants Arizona Board of Regents, Day,  
25 Bednarek, Morris, Keck:  
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Mary R. O'Grady, Esq. (Via Zoom)  
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Sara Do vs. Arizona Board of Regents  
Sara Do

August 2, 2023

CV-22-00190-PHX-JJT  
253

1 APPEARANCES (CONTINUED)

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3 District:

4 Coppersmith Brockelman, PLC

5 By: Jill J. Chasson, Esq.

6 Andrew T. Fox, Esq.

7 2800 North Central Avenue

8 Suite 1900

9 Phoenix, Arizona 85004

10 602-224-0999

11 jchasson@cblawyers.com

12 afox@cblawyers.com

13  
14 Also present: Kwan Piensook, Esq.; Daniel Rohan,  
15 videographer

16 Also present via Zoom: Johanna Hammel, Amanda  
17 Gibson, Trisha Farrell.

18

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Sara Do vs. Arizona Board of Regents  
Sara Do

August 2, 2023

CV-22-00190-PHX-JJT  
265

09:20:54 1 memory of who or what, so -- it's probably not a good  
09:21:02 2 answer. I'm sorry. I wish I could be more accurate with  
09:21:07 3 it, but it's been a long time and I've had a lot of  
09:21:12 4 classes since then.

09:21:13 5 Q. But you can't identify a specific course during  
09:21:15 6 the spring of 2020 -- 2021 semester where you were denied  
09:21:20 7 the ability to attend remotely?

09:21:23 8 A. I cannot remember specifically requesting a  
09:21:27 9 specific class to take remotely that was denied.

09:21:31 10 Q. What about in the summer of 2021, did you ask  
09:21:35 11 anyone at ASU to be allowed to attend any of your courses  
09:21:39 12 remotely during the summer of 2021 that you contend was  
09:21:43 13 denied?

09:21:44 14 A. I feel like that's the same answer as the  
09:21:51 15 previous one.

09:21:51 16 Q. That you can't identify any specific courses  
09:21:54 17 where you were denied the ability to attend remotely  
09:21:57 18 during that semester?

09:21:58 19 A. Correct.

09:21:59 20 Q. Looking at Exhibit Number 20, on this list of  
09:22:06 21 accommodations that you say you requested, Number 2 is  
09:22:10 22 "Ability to take an incomplete for NUR-478," and then it  
09:22:15 23 says offered and changed. Do you see that?

09:22:17 24 A. Yes.

09:22:18 25 Q. And we talked a little bit about this item last



Sara Do vs. Arizona Board of Regents  
Sara Do

August 2, 2023

CV-22-00190-PHX-JJT  
285

09:51:54 1 Whether it was emailing professors to check and  
09:51:57 2 double-check their instructions on an assignment or really  
09:52:01 3 anything that to me could have a different interpretation.  
09:52:13 4 And then even doing that, they came back and said that I  
09:52:17 5 appeared to be confused about everything and that I didn't  
09:52:21 6 have it in me to be in this program. And it just felt,  
09:52:27 7 like I said in my last deposition, like it was the mean  
09:52:31 8 girls from high school and you had to watch out for them  
09:52:33 9 because they were -- they were plotting something at all  
09:52:37 10 times.

09:52:37 11 BY MS. WINDTBERG:

09:52:37 12 Q. Did anyone from the Edson program tell you that  
09:52:39 13 you were being removed or kicked out of the MEPN program?

09:52:43 14 A. No.

09:52:45 15 Q. And in the fall of 2021, you took a leave of  
09:52:52 16 absence due to your health concerns, correct?

09:52:56 17 A. Yes.

09:52:56 18 Q. And that leave of absence continued into the  
09:52:59 19 spring 2022 semester. Is that right?

09:53:03 20 A. Yes.

09:53:03 21 Q. And then again into the fall of 2023 semester,  
09:53:10 22 correct?

09:53:10 23 MR. ENGLAND: No, fall of 2022. Sorry.

09:53:13 24 MS. WINDTBERG: Yes. Sorry.

25 ///

Sara Do vs. Arizona Board of Regents  
Sara Do

August 2, 2023

CV-22-00190-PHX-JJT  
286

09:53:15 1 BY MS. WINDTBERG:

09:53:15 2 Q. Continued into the fall of 2022 semester. Is  
09:53:18 3 that correct?

09:53:18 4 A. Yes.

09:53:19 5 Q. If you would turn to page 20 of Exhibit 12, which  
09:53:32 6 I believe you have there in front of you.

09:53:38 7 See towards the top of the page where it  
09:53:40 8 says "Third Claim"?

09:53:41 9 A. What page, I'm sorry?

09:53:43 10 Q. Page 20.

09:53:55 11 A. Okay. Your last question, can we kind of revisit  
09:54:03 12 that one again or are we past that?

09:54:05 13 Q. Go ahead.

09:54:06 14 A. Okay. So you were asking about the -- like, you  
09:54:11 15 said that I -- I don't remember verbatim -- but that I  
09:54:15 16 took those semesters off for health reasons. To me, it  
09:54:20 17 was multifaceted. It wasn't just as straightforward as my  
09:54:25 18 health. My health was very obviously deteriorating. I  
09:54:31 19 feel also, though, that the school was not welcoming me.  
09:54:38 20 Their words were not matching their actions. And I very  
09:54:43 21 much felt like they didn't want me there anymore and  
09:54:48 22 that's why they were making things so difficult for me.  
09:54:52 23 And the stress that was involved with all of that and that  
09:54:55 24 heightened awareness that I told you about, that I felt  
09:54:58 25 like I became obsessed with just constantly looking for

Sara Do vs. Arizona Board of Regents  
Sara Do

August 2, 2023

CV-22-00190-PHX-JJT  
437

1 STATE OF ARIZONA )

2 COUNTY OF MARICOPA )

3 BE IT KNOWN that the foregoing proceedings  
4 were taken before me; that the witness before testifying  
5 was duly sworn by me to testify to the whole truth; that  
6 the foregoing pages are a full, true, and accurate record  
7 of the proceedings all done to the best of my skill and  
8 ability; that the proceedings were taken down by me in  
9 shorthand and thereafter reduced to print under my  
10 direction.

11 I CERTIFY that I am in no way related to any  
12 of the parties hereto nor am I in any way interested in  
13 the outcome hereof.

14 ☐ Review and signature was requested.

15 ☐ Review and signature was waived.

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17 I CERTIFY that I have complied with the  
18 ethical obligations set forth in ACJA 7-206(F)(3) and  
19 ACJA 7-206 (J)(1)(g)(1) and (2). Dated at Phoenix,  
20 Arizona, this 14th day of August, 2023.

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Meri Coash, RMR, CRR

Certified Reporter

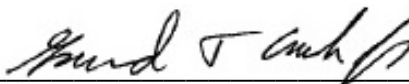
Arizona CR No. 50327

Sara Do vs. Arizona Board of Regents  
Sara Do

August 2, 2023

CV-22-00190-PHX-JJT  
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1 I CERTIFY that Coash & Coash, Inc., has  
2 complied with the ethical obligations set forth in  
3 ACJA 7-206 (J)(1)(g)(1) through (6).  
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COASH & COASH, INC.

Registered Reporting Firm

Arizona RRF No. R1036  
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# **EXHIBIT 11**

Sara Do vs Arizona Board of Regents  
Sara Do

March 16, 2024

CV-22-00190-PHX-JJT

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IN THE UNITED STATES DISTRICT COURT  
FOR THE DISTRICT OF ARIZONA

Sara Do, an individual,	)	
	)	
Plaintiff,	)	
	)	
v.	)	No.
	)	CV-22-00190-PHX-JJT
Arizona Board of Regents, an	)	
Arizona State Entity; et al.,	)	
	)	
Defendants.	)	
_____	)	

VIDEOTAPED DEPOSITION OF SARA DO

Phoenix, Arizona  
March 16, 2024

Prepared by:  
Meri Coash, RMR, CRR  
Certified Reporter  
Certification No. 50327

**CERTIFIED  
TRANSCRIPT**

Sara Do vs Arizona Board of Regents  
Sara Do

March 16, 2024

CV-22-00190-PHX-JJT  
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## I N D E X

## WITNESS

PAGE

SARA DO

Examination by Ms. Windtberg

7

## EXHIBITS MARKED

## EXHIBITS

## DESCRIPTION

PAGE

Exhibit 38

Supplemental Complaint dated  
12-21-23

11

Exhibit 39

Email string dated 11-1-22,  
Subject: Next steps: Spring 2023  
ABOR010732 - 10733

13

Exhibit 40

Application for: Sara "Sara" Do  
ABOR014590 - 14594  
Confidential

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Exhibit 41

Email string, Subject: Follow up  
from our meeting, with attachment  
ABOR010770 - 10771

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Exhibit 42

Email dated 12-13-22, Subject:  
Sara Do - M.D. and PhD Signed  
Accommodations Form (Including  
Covid Vaccine Medical Exemption),  
with attachments  
ABOR010892 - 10905

24

Exhibit 43

Email dated 12-14-22, Subject:  
Letter from my Cardiologist re:  
Covid Vaccine (New Documentation),  
with attachments  
ABOR010954 - 10968

27

Exhibit 44

Email string, Subject:  
Accommodations update request  
ABOR011401 - 11409

30

Sara Do vs Arizona Board of Regents  
Sara Do

March 16, 2024

CV-22-00190-PHX-JJT  
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1	Exhibit 45	Arizona State University Official Transcript	40
2		ABOR014726 - 14731	
3	Exhibit 46	Email string, Subject:	64
4		Accommodations for Summer Semester Do_009175 - 9188	
5	Exhibit 47	NUR 478 - Nursing Practice Complex Care - Clinical Performance Evaluation	67
6		ABOR013279 - 013313	
7			
8	Exhibit 48	Text messages Do_105023 - 105024	83
9	Exhibit 49	Text messages Do_105025	87
10			
11	Exhibit 50	NUR 519 Nursing Practice: Clinical Immersion Clinical Replacement Hours LOG	89
12		Do_010522	
13	Exhibit 51	NUR 519 - Nursing Practice Complex Care - Clinical Performance Evaluation	97
14		ABOR014453 - 14475	
15			
16	Exhibit 52	Email string dated 7-13-23, Subject: Break Today	141
17		ABOR014262	
18	Exhibit 53	Letter dated 2-7-24	145
19		Do_011672	
20			
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Sara Do vs Arizona Board of Regents  
Sara Do

March 16, 2024

CV-22-00190-PHX-JJT  
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1 VIDEOTAPED DEPOSITION OF SARA DO  
2 was taken on March 16, 2024, commencing at 10:03 a.m., at  
3 the law offices of Osborn Maledon, PA, 2929 North Central  
4 Avenue, Suite 2000, Phoenix, Arizona, before Meri Coash, a  
5 Certified Reporter in the State of Arizona.

6

7

8

\* \* \*

9

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Bednarek, Morris, Keck:

20

OSBORN MALEDON, PA

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By: Kristin L. Windtberg, Esq.

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Mary R. O'Grady, Esq. (via videoconference)

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Sara Do vs Arizona Board of Regents  
Sara Do

March 16, 2024

CV-22-00190-PHX-JJT  
11

10:09:05 1 Q. And upon returning to the MEPN program, you  
10:09:08 2 completed courses over the course of the spring and summer  
10:09:11 3 of 2023. Is that right?

10:09:14 4 A. Yes.

10:09:14 5 Q. And you've since graduated from the MEPN program?

10:09:17 6 A. Yes.

10:09:18 7 Q. When did you graduate?

10:09:19 8 A. I think it was August 9th.

10:09:23 9 Q. Of 2023?

10:09:25 10 A. 2023. Sorry.

10:09:27 11 Q. Now, you've filed a Supplemental Complaint  
10:09:31 12 against the Arizona Board of Regents in the district court  
10:09:35 13 action, correct?

10:09:37 14 A. Yes.

10:09:37 15 Q. And that Supplemental Complaint sets forth your  
10:09:42 16 allegations against ASU related to the events that  
10:09:45 17 occurred after you returned to the MEPN program in 2023,  
18 correct?

10:09:49 19 A. Yes.

10:09:50 20 Q. I'm going to show you what we will mark as  
10:09:54 21 Exhibit Number 38.

22 (Deposition Exhibit 38 was marked for  
23 identification.)

24 BY MS. WINDTBERG:

10:10:13 25 Q. Do you recognize what's been marked as Exhibit

Sara Do vs Arizona Board of Regents  
Sara Do

March 16, 2024

CV-22-00190-PHX-JJT  
16

10:14:58 1 have you returning to the MEPN program in the spring of  
10:15:01 2 2023?

10:15:01 3 A. Yes.

10:15:01 4 Q. If you look back into the email from Ms. Kiernan  
10:15:06 5 on this Exhibit Number 39, the second sentence of her  
10:15:14 6 email says, "Once you confirm your intent to enroll, you  
10:15:18 7 should immediately begin the intake process with the  
10:15:24 8 Student Accessibility and Inclusive Learning Services  
10:15:26 9 (SAILS) team." Do you see that?

10:15:28 10 A. Yes.

10:15:28 11 Q. Did you -- She then gives you a link to begin  
10:15:34 12 that process to fill out what she refers to as a new  
10:15:36 13 registration form, correct?

10:15:38 14 A. Yes.

10:15:39 15 Q. Okay. And she then goes on to tell you that once  
10:15:43 16 you begin the process with SAILS, you'll need to provide  
10:15:46 17 supporting documentation, correct?

10:15:50 18 A. Yes.

10:15:50 19 Q. Okay. Did you submit a new registration form or  
10:15:56 20 application to the SAILS office prior to returning to the  
10:16:01 21 MEPN program in the spring of 2023?

10:16:03 22 A. I believe I did.

10:16:04 23 Q. And did you do that through the SAILS online  
10:16:07 24 portal?

10:16:08 25 A. I believe so.

Sara Do vs Arizona Board of Regents  
Sara Do

March 16, 2024

CV-22-00190-PHX-JJT  
27

10:29:23 1 Q. Okay. Your email here says, "I was able to  
10:29:26 2 complete the form today." Do you see that?

10:29:27 3 A. Yes.

10:29:27 4 Q. So if the form was completed the day the email  
10:29:30 5 was sent, would you have been able to send it prior to  
10:29:32 6 this date?

10:29:33 7 A. I don't believe so, but just I -- I'm under oath  
10:29:38 8 right now, so I can't for sure say "yes" or "no." So I  
10:29:42 9 don't -- I believe this was probably the first set of  
10:29:47 10 documentation that I sent, but I -- I don't know a hundred  
10:29:54 11 percent because -- That's what it looks like, though.

10:29:56 12 Q. Sure. I appreciate that.

10:29:59 13 After December 13th of 2022, did you send  
10:30:04 14 additional medical documentation to Ms. Wackerly-Painter  
10:30:07 15 to support your requests for accommodation?

10:30:10 16 A. I don't remember.

10:30:11 17 Q. All right. Let me show you what we're going to  
10:30:14 18 mark as Exhibit Number 43.

10:30:17 19 MS. WINDTBERG: And for the record,  
10:30:19 20 Exhibit -- excuse me -- 43 is marked ABOR010954 through  
10:30:28 21 ABOR010968.

22 (Deposition Exhibit 43 was marked for  
10:30:42 23 identification.)

10:30:42 24 BY MS. WINDTBERG:

10:30:48 25 Q. Ms. Do, do you recognize Exhibit Number 43?

Sara Do vs Arizona Board of Regents  
Sara Do

March 16, 2024

CV-22-00190-PHX-JJT  
28

10:30:51 1 A. It's an email and forms filled out, Arizona State  
10:31:19 2 University forms, and a letter in there included also from  
10:31:26 3 one of my providers.

10:31:30 4 Q. And -- and the email is dated December 14th of  
10:31:33 5 2022, correct?

10:31:34 6 A. Yes.

10:31:34 7 Q. And the email is from you to Alicia  
10:31:38 8 Wackerly-Painter. Is that right?

10:31:40 9 A. Yes.

10:31:40 10 Q. And it appears from the email -- please correct  
10:31:42 11 me if I'm wrong -- that the attachments to the -- to the  
10:31:47 12 email are the same as the attachments that we saw in  
10:31:50 13 Exhibit Number 42 but with the addition of a letter from  
10:31:55 14 your cardiologist to support your, quote, inability to  
10:32:00 15 obtain any more vaccinations due to my cardiac reaction,  
10:32:04 16 end quote, correct?

10:32:05 17 A. Yes.

10:32:05 18 Q. And if you would turn to the page that has been  
10:32:20 19 marked ABOR010964, please. Do you have in front of you a  
10:32:38 20 document titled "Accommodations I've requested from ASU  
10:32:43 21 that I feel would allow me to finish the MSN program  
10:32:48 22 successfully"?

10:32:49 23 A. Yes.

10:32:49 24 Q. Do you recognize this document?

10:32:51 25 A. Yes.

Sara Do vs Arizona Board of Regents  
Sara Do

March 16, 2024

CV-22-00190-PHX-JJT  
29

10:32:51 1 Q. Is this document that we're looking at a document  
10:32:55 2 that you prepared?

10:32:56 3 A. I believe so.

10:33:00 4 Q. If you would keep that in front of you but then  
10:33:05 5 also please get Exhibit Number 38, which was the  
10:33:09 6 Supplemental Complaint.

10:33:16 7 In Exhibit Number 38, if you would turn to  
10:33:19 8 paragraph 11, please. Are you there?

10:33:31 9 A. Yes.

10:33:31 10 Q. Paragraph 11 in the first sentence says, "On  
10:33:36 11 December 14, 2022, Do provided a list of accommodation  
10:33:39 12 requests and documentation related to her accommodation  
10:33:44 13 needs."

10:33:44 14 Did I read that correctly?

10:33:45 15 A. Yes.

10:33:46 16 Q. Is the list of accommodation requests that we  
10:33:53 17 have in Exhibit Number 43 the list that was being  
10:33:56 18 referenced in paragraph 11 of the Supplemental Complaint?

10:33:59 19 A. Yes.

10:34:00 20 Q. Thank you. You can set the complaint aside so  
10:34:05 21 it's not in your way. Actually, I'm sorry. I want to do  
10:34:08 22 one more thing with that before we move on.

10:34:10 23 If you look at paragraph number 13 of your  
10:34:14 24 Supplemental Complaint.

10:34:16 25 MR. ENGLAND: This one.

Sara Do vs Arizona Board of Regents  
Sara Do

March 16, 2024

CV-22-00190-PHX-JJT  
32

10:37:27 1 like the -- the specific accommodations requests are in  
10:37:31 2 numbered paragraphs, correct?  
10:37:32 3 A. Yes.  
10:37:32 4 Q. Okay. I'd like to start with numbered  
10:37:35 5 paragraph 1. And here you were asking for an exemption  
10:37:38 6 not to receive another COVID and influenza vaccine,  
10:37:43 7 correct?  
10:37:44 8 A. Yes.  
10:37:44 9 Q. And was that request granted by ASU?  
10:37:47 10 A. Yes.  
10:37:48 11 Q. And you weren't required to obtain either a flu  
10:37:51 12 or a COVID vaccine in order to attend your classes or  
10:37:55 13 clinical shifts in 2023, correct?  
10:37:58 14 A. Correct.  
10:37:58 15 Q. If you look, then, to Item Number 4 on Exhibit  
10:38:09 16 Number 43 -- excuse me -- you were asking to have your --  
10:38:13 17 to be allowed to take your exams at the ASU Polytechnic  
10:38:18 18 campus testing center, correct?  
10:38:21 19 A. I'm sorry. Which one is that? What number?  
20 MR. ENGLAND: Number 3.  
21 BY MS. WINDTBERG:  
10:38:23 22 Q. Number 3.  
23 A. Okay.  
10:38:24 24 Q. To make sure we're on the same page, in Item  
25 Number 3 --

Sara Do vs Arizona Board of Regents  
Sara Do

March 16, 2024

CV-22-00190-PHX-JJT  
33

1 A. Yes.

10:38:25 2 Q. -- you were asking to be allowed to take your  
10:38:27 3 exams at the ASU Polytechnic campus testing center,  
10:38:31 4 correct?

10:38:31 5 A. Yes.

10:38:32 6 Q. And that request was not granted, correct?

10:38:36 7 A. Can I look back at what she responded with?

10:38:39 8 Q. Of course.

10:38:40 9 A. Okay. Thank you.

10:38:43 10 THE WITNESS: Which number was that?

10:38:45 11 MR. ENGLAND: 44.

10:39:02 12 THE WITNESS: That's correct.

10:39:02 13 BY MS. WINDTBERG:

10:39:05 14 Q. And you are looking at Exhibit Number 44. Can  
10:39:08 15 you tell me what page you're on in Exhibit Number 44,  
10:39:11 16 please?

10:39:11 17 A. ABOR011402.

10:39:15 18 Q. And it appears to me that in Exhibit Number 44,  
10:39:20 19 each of your accommodation requests is written in bold  
10:39:25 20 type with the same paragraph number as is included on  
10:39:30 21 Exhibit Number 43, correct?

10:39:31 22 A. Correct.

10:39:31 23 Q. Okay. So you're looking at Item Number 3 on  
10:39:36 24 ABOR 1142 of Exhibit Number 44?

10:39:42 25 A. Yes. In comparison to the Number 3 on



Sara Do vs Arizona Board of Regents  
Sara Do

March 16, 2024

CV-22-00190-PHX-JJT  
34

10:39:45 1 ABOR010964.

10:39:47 2 Q. Thank you.

10:39:49 3 A. You're welcome.

10:39:49 4 Q. And in denying this request, ASU indicated that  
10:39:57 5 the university does not determine accommodations on the  
10:40:00 6 basis of an individual's place of residence, correct?

10:40:03 7 A. For Number 3?

10:40:09 8 Q. Yes.

10:40:10 9 A. That's correct. It does say that in there, yes.

10:40:18 10 Q. And the first sentence of the response says,  
10:40:22 11 "This request for accommodations to reduce the time it  
10:40:26 12 takes you to commute between your home and program  
10:40:28 13 activity locations is not a reasonable accommodation in  
10:40:32 14 light of your disability needs," correct?

10:40:34 15 A. Yes, that's what it says.

10:40:35 16 Q. And then it goes on to say that "If you have  
10:40:38 17 additional information for us to consider concerning this  
10:40:40 18 request, we will be happy to review any other information  
10:40:43 19 specific to the nature of this request at any time,"  
20 correct?

10:40:46 21 A. Yes, it says that.

10:40:47 22 Q. Looking back at Exhibit Number 43, your request  
10:40:55 23 for accommodations, if you would turn to Item Number 4.  
10:41:03 24 Here you're requesting that you have no overnight clinical  
10:41:07 25 requirements in order to maintain a regular sleep

Sara Do vs Arizona Board of Regents  
Sara Do

March 16, 2024

CV-22-00190-PHX-JJT  
35

10:41:10 1 schedule, correct?

10:41:11 2 A. Correct.

10:41:11 3 Q. And Arizona State University did not require you  
10:41:15 4 to participate in any overnight clinicals during either  
10:41:18 5 the spring or summer 2023 semesters, correct?

10:41:22 6 A. They didn't have any scheduled, so no student was  
10:41:25 7 going to have to do any overnight clinicals.

10:41:28 8 Q. And so you did not have to do any overnight  
10:41:31 9 clinicals, correct?

10:41:32 10 A. Correct.

10:41:32 11 Q. Looking at Item Number 5, here you're requesting  
10:41:37 12 flexible attendance for your in-person classes, correct?

10:41:42 13 A. Yes.

10:41:42 14 Q. And Arizona State University granted that  
10:41:44 15 request, didn't it?

10:41:46 16 A. Do you mind if I read her response?

10:41:49 17 Q. Not at all.

10:41:49 18 A. Okay. Thanks.

10:43:16 19 Okay. Sorry. Do you mind asking your  
10:43:19 20 question again?

10:43:20 21 Q. Your request for flexible attendance in  
10:43:24 22 connection with your in-person classes was granted,  
10:43:25 23 correct?

10:43:26 24 A. For the lecture sessions only, yes.

25 Q. Okay.

Sara Do vs Arizona Board of Regents  
Sara Do

March 16, 2024

CV-22-00190-PHX-JJT  
36

10:43:30 1 A. It didn't apply to clinical or simulation  
10:43:35 2 experiential classes.

10:43:36 3 Q. Okay. On Exhibit Number 43, if you would look at  
10:43:47 4 Item Number 6. Here you're requesting to be permitted to  
10:43:52 5 take breaks as needed during clinicals and classes to take  
10:43:55 6 medication, correct?

10:43:57 7 A. Yes.

10:43:57 8 Q. And ASU granted this request, correct?

10:44:03 9 A. Do you mind if I read through her response more  
10:44:07 10 detailed? Sorry.

10:44:08 11 Q. I don't. My -- my question is just did they  
10:44:10 12 grant that request? But I'm -- I'm happy to have you read  
10:44:12 13 through whatever you need to to answer that.

10:44:15 14 A. Thank you.

10:45:40 15 Okay. What was your question again?

10:45:43 16 Q. That Arizona State University granted your  
10:45:45 17 request that you be allowed to take breaks to take your  
10:45:48 18 medication when needed.

10:45:51 19 A. It was somewhat conditional. It wasn't just as  
10:45:55 20 needed as I had requested. So it was -- There were some  
10:45:59 21 caveats in there.

10:46:00 22 Q. And what were those caveats?

10:46:02 23 A. Well, specifically, like, for medication  
10:46:07 24 management, I was allowed a 5- to, I think, 10-minute  
10:46:11 25 break -- I don't know; maybe it was 5 minutes --

Sara Do vs Arizona Board of Regents  
Sara Do

March 16, 2024

CV-22-00190-PHX-JJT  
37

10:46:15 1 throughout the course of up to a 14-hour shift. I was  
10:46:20 2 allowed one of those breaks for medication management.  
10:46:26 3 And then they had given me the option of either having two  
10:46:34 4 separate one-hour breaks or one two-hour break that I  
10:46:42 5 would have to preschedule before each shift, and it had to  
10:46:47 6 occur midday, mid-shift, and I had to stay on-site at the  
10:46:53 7 hospital, and I would have to make that time up later on  
10:47:01 8 through simulation experiences.

10:47:03 9 Q. Okay. Thank you. And we're going to turn to  
10:47:06 10 that piece in a minute, but right now, I just wanted to  
10:47:09 11 focus on Item Number 6 of your request for accommodation,  
10:47:12 12 which was a request that you be allowed breaks to take  
10:47:15 13 medication.

10:47:18 14 Were you ever denied the opportunity to take  
10:47:20 15 a break to take medication during any of your clinical  
10:47:23 16 shifts?

10:47:24 17 A. My nurse preceptor is who I would interact with  
10:47:32 18 one-on-one there, and none of my nurse preceptors ever  
10:47:36 19 denied me the need to take medication. And the nurse  
10:47:43 20 preceptors were whoever I was working with each shift at  
10:47:47 21 the hospital.

10:47:48 22 Q. And so during any of your clinical shifts in  
10:47:51 23 either the spring or summer 2023 semesters, if you felt  
10:47:57 24 you needed to take medication, you were allowed to do so?

10:48:00 25 A. Yes. I don't recall a time where I couldn't.

Sara Do vs Arizona Board of Regents  
Sara Do

March 16, 2024

CV-22-00190-PHX-JJT  
38

10:48:03 1 Q. On Exhibit Number 43, if you'd look at Item  
10:48:10 2 Number 7, please. In Item Number 7, you're requesting  
10:48:15 3 that you be allowed to have a support companion in  
10:48:20 4 attendance with you to on-campus obligations, correct?

10:48:24 5 A. Yes.

10:48:25 6 Q. And here you mentioned having your support  
10:48:30 7 companion attend on-campus obligations, but you later also  
10:48:34 8 request -- requested that the support companion also  
10:48:37 9 accompany you to clinical rotations, correct?

10:48:40 10 A. Yes. It was any on-campus -- like, I considered  
10:48:42 11 the hospital to be a campus -- that I would be at for  
10:48:45 12 performing obligations for the MEPN program. So anything  
10:48:48 13 that I was required to be on site at a facility for any  
10:48:50 14 reason as a result of requirements for my program, that's  
10:48:55 15 what I'm referring to when I say "on campus."

10:48:57 16 Q. And who was your support companion?

10:49:00 17 A. Relationship or name?

10:49:04 18 Q. Let's start with name.

10:49:05 19 A. Thong Do.

10:49:06 20 Q. And -- and what was Mr. -- Thong Do is a  
10:49:10 21 licensed physician, correct?

10:49:11 22 A. Yes, he is. He's a medical doctor.

10:49:13 23 Q. He's Dr. Do?

10:49:14 24 A. Yes.

10:49:14 25 Q. And what is Dr. Do's relationship to you?

Sara Do vs Arizona Board of Regents  
Sara Do

March 16, 2024

CV-22-00190-PHX-JJT  
39

10:49:17 1 A. I have known him for over 20 years, and he's my  
10:49:20 2 former husband.

10:49:21 3 Q. And did --

10:49:23 4 A. And he's also my medical power of attorney.

10:49:26 5 Q. Thank you.

10:49:27 6 Did Arizona State University grant your  
10:49:29 7 request to have Dr. Do as a support companion accompany  
10:49:34 8 you -- accompany you to both your on-campus and clinical  
10:49:38 9 obligations?

10:49:39 10 A. Yes.

10:49:40 11 Q. And were you ever denied the opportunity to have  
10:49:42 12 your support companion with you at any MEPN course  
10:49:45 13 obligation?

10:49:46 14 MR. ENGLAND: Objection. Vague.

10:49:51 15 THE WITNESS: My memory is hazy regarding  
10:50:03 16 the specifics of it, but I know that at one point, there  
10:50:06 17 was, like, a little bit of an issue with some on-campus  
10:50:10 18 presence and a professor, but we -- I talked with them and  
10:50:16 19 I told them that he -- that I have accommodations, and we  
10:50:22 20 settled it --

21 BY MS. WINDTBERG:

22 Q. And was --

10:50:24 23 A. -- just through discussion.

10:50:26 24 Q. Excuse me.

10:50:26 25 And so was Dr. Do permitted to stay in that

Sara Do vs Arizona Board of Regents  
Sara Do

March 16, 2024

CV-22-00190-PHX-JJT  
40

10:50:30 1 instance?

10:50:31 2 A. Yes.

10:50:32 3 Q. If you'd look back to Exhibit Number 43, Item

10:50:44 4 Number 2. Here you are requesting "Modification to

10:50:48 5 clinical shift blocks of time (originally scheduled in

10:50:53 6 14-hour blocks with one 30-minute break). Requesting

10:50:57 7 'open scheduling' for clinicals where I can go to any

10:51:00 8 approved clinical site for any scheduled shift and work

10:51:05 9 however long I can tolerate without being required to

10:51:07 10 'only' do shifts in 14-hour blocks of time," correct?

10:51:10 11 A. Correct.

10:51:11 12 Q. For the spring 2023 semester only, you had one

10:51:18 13 clinical course, correct?

10:51:28 14 A. Spring? I would have to see my schedule. I'm

10:51:31 15 sure if you're saying it, that's right. I just don't --

10:51:35 16 Everything blends together.

10:51:36 17 Q. I understand.

10:51:37 18 I want to make sure that -- that we are on

10:51:39 19 the same page, so I'm going to give you what we will mark

10:51:42 20 as Exhibit 45. And Exhibit 45 is marked ABOR014726

10:51:53 21 through ABOR014731.

22 (Deposition Exhibit 45 was marked for  
10:52:09 23 identification.)

10:52:09 24 BY MS. WINDTBERG:

10:52:14 25 Q. Ms. Do, is Exhibit Number 45 your transcript from

Sara Do vs Arizona Board of Regents  
Sara Do

March 16, 2024

CV-22-00190-PHX-JJT  
41

10:52:17 1 Arizona State University?

10:52:18 2 A. Yes, it is.

10:52:20 3 Q. If you would turn to the third page of that  
10:52:24 4 exhibit, which is marked ABOR014728 --

10:52:32 5 A. Okay.

10:52:32 6 Q. -- you'll see on the left-hand side of the page,  
10:52:37 7 a little more than halfway down, it says "Beginning of  
10:52:40 8 Graduate Record."

10:52:41 9 A. Yes.

10:52:41 10 Q. Do you see that?

10:52:42 11 A. Uh-huh.

10:52:43 12 Q. And then if you look across the page at about the  
10:52:47 13 same height, you will see "2023 Spring." Do you see that  
10:52:51 14 there?

10:52:51 15 A. Yes.

10:52:51 16 Q. Looking at your courses for the spring 2023  
10:52:55 17 semester, you only had one clinical course that semester,  
10:53:10 18 correct?

10:53:10 19 A. Yes.

10:53:11 20 Q. That was the NUR 478 --

10:53:12 21 A. Yes.

10:53:12 22 Q. -- complex care course?

10:53:14 23 A. Yes.

10:53:15 24 Q. And am I correct that you were assigned to  
10:53:19 25 complete your clinical shifts for NUR 478 in the spring



Sara Do vs Arizona Board of Regents  
Sara Do

March 16, 2024

CV-22-00190-PHX-JJT  
42

10:53:25 1 2023 semester at St. Joseph's Hospital?

10:53:28 2 A. Yes.

10:53:32 3 Q. And the shifts for those clinical -- that  
10:53:36 4 clinical rotation were scheduled by the hospital to begin  
10:53:40 5 at 7 a.m. and end at 7 p.m., correct?

10:53:42 6 MR. ENGLAND: Objection. Assumes facts.

10:53:44 7 You can answer.

10:53:44 8 THE WITNESS: That is their employee  
10:53:48 9 scheduling. And so it's -- That's the exact time that  
10:53:57 10 they're supposed to be ideally doing shift turnover  
10:54:02 11 from -- taking over from the nighttime nurse and  
10:54:04 12 transferring to the daytime nurse and then at night doing  
10:54:08 13 the same thing at 7:00. So the oncoming nurse will get  
10:54:12 14 there, you know, typically a little bit early to try to  
10:54:15 15 take over so that the other nurse -- you know, to keep  
10:54:19 16 that schedule. But it doesn't usually work that way.  
10:54:22 17 BY MS. WINDTBERG:

10:54:22 18 Q. And so just -- I just want to make sure that  
10:54:24 19 we're on the same page. And I think I understand what  
10:54:26 20 you're talking about, but I just want to go piece by  
10:54:28 21 piece.

10:54:28 22 So for the daytime shifts at  
10:54:34 23 St. Joseph's Hospital, for the nurses -- the registered  
10:54:36 24 nurses who worked there, their daytime shift was scheduled  
10:54:39 25 to begin at 7 a.m. and end at 7 p.m., correct?

10:54:43 1 A. That's their schedule, yes.

10:54:44 2 Q. And as a nursing student who was going to perform  
10:54:48 3 clinical rotations at St. Joseph's Hospital during the  
10:54:51 4 daytime shift, you would have mirrored that same daytime  
10:54:55 5 shift schedule, correct?

10:54:56 6 A. No.

10:54:56 7 Q. Why not?

10:54:57 8 A. We were expected to be there early so we could  
10:55:00 9 meet with our class and kind of do a little morning huddle  
10:55:03 10 with our classmates and our faculty of record. And then  
10:55:13 11 after the shift, we would typically meet again before we  
10:55:19 12 were allowed to leave.

10:55:20 13 Q. And how far in advance of the 7 a.m. start time  
10:55:25 14 were you asked to arrive for the shift?

10:55:27 15 A. I don't remember what time we were asked to  
10:55:29 16 arrive. It just would vary depending on the faculty of  
10:55:34 17 record and if there was anything we needed to discuss.

10:55:40 18 Q. And so again, I want to focus -- I'm just talking  
10:55:44 19 right now about NUR 478 in the spring of 2023 semester.

20 A. Uh-huh.

10:55:50 21 Q. Did anyone give you specific instructions about  
10:55:52 22 what time you should arrive for your clinical shifts at  
10:55:56 23 St. Joseph's Hospital for that course?

10:55:57 24 A. Our faculty of record would ask us to be there at  
10:56:01 25 whatever time she wanted us to show up.

Sara Do vs Arizona Board of Regents  
Sara Do

March 16, 2024

CV-22-00190-PHX-JJT  
53

11:09:26 1 But again, we're talking about at the time  
11:09:29 2 where you were requesting these accommodations before you  
11:09:32 3 returned to classes, so before you were getting up to go  
11:09:34 4 to your clinicals. In December of 2022, when you asked  
11:09:38 5 for the open scheduling, I'm trying to understand what  
11:09:41 6 specific concerns you were trying to address with that  
11:09:44 7 request for accommodation.

11:09:46 8 A. So I knew that there was a possibility they could  
11:09:49 9 put me anywhere in the Valley, so when I requested that  
11:09:56 10 accommodation, it was in case I needed it. Because if the  
11:10:02 11 accommodation's not approved and set in place, then it's a  
11:10:06 12 lot harder to get a last-minute accommodation. So I felt  
11:10:12 13 like if I could put these down and they could grant, you  
11:10:19 14 know, whatever they could, that maybe that would be enough  
11:10:22 15 to help get me through the program.

11:10:24 16 Q. And just to make sure that I'm understanding I  
11:10:31 17 think what you're saying -- but I just want to make  
11:10:33 18 sure -- so you requested the accommodation listed as Item  
11:10:38 19 Number 2 on Exhibit 43, the request for open scheduling,  
11:10:42 20 because you were concerned that you might not be able to  
11:10:45 21 complete full clinical shifts that might last, as you say,  
11:10:48 22 up to 14 hours -- correct? -- due to your disability?

11:10:52 23 A. Yes.

11:10:52 24 Q. And which disability or disabilities were you  
11:10:55 25 focused on?

Sara Do vs Arizona Board of Regents  
Sara Do

March 16, 2024

CV-22-00190-PHX-JJT  
54

11:10:56 1 A. That's primarily my heart condition. And then  
11:11:06 2 anxiety disorder comes in with that because the two --  
11:11:09 3 when they're working in tandem, one makes the other one  
11:11:15 4 worse, and then that sets off the other one to be worse,  
11:11:19 5 and it's just -- it's not good.

11:11:23 6 MS. WINDTBERG: We've been going about an  
11:11:24 7 hour. I'm happy to keep going. I know you said you  
11:11:28 8 didn't want to take many breaks, but I'm also happy to  
11:11:30 9 take a break. So it seems like a good --

11:11:30 10 MR. ENGLAND: You okay to take 20 more  
11:11:32 11 minutes and then take a break?

11:11:35 12 THE WITNESS: Yeah.

13 MR. ENGLAND: Or do you need a break now?

11:11:35 14 THE WITNESS: No, I don't need a break.

11:11:37 15 BY MS. WINDTBERG:

11:11:37 16 Q. Okay. So your request for open scheduling  
11:11:39 17 ultimately was not granted, correct?

11:11:41 18 A. Correct.

11:11:42 19 Q. And one of the reasons that it wasn't granted was  
11:11:49 20 because during the spring 2023 semester, all of the teams  
11:11:53 21 in your cohort were scheduled to participate in their  
11:11:56 22 clinical shifts on the same days, correct?

11:11:59 23 A. Is that written somewhere? Like, was that on  
11:12:02 24 Number 2 over here or something? I just wanted to kind of  
11:12:06 25 go back and look at that.

Sara Do vs Arizona Board of Regents  
Sara Do

March 16, 2024

CV-22-00190-PHX-JJT  
55

11:12:07 1 Q. If you look at Exhibit 44, under Number 2,  
11:12:11 2 referring to your request for open scheduling, the first  
11:12:16 3 paragraph and the second sentence starts, "As it relates  
11:12:19 4 to this upcoming clinical rotation, specifically your  
11:12:22 5 current placement and current clinical location, while  
11:12:26 6 your cohort is split into a few teams placed at various  
11:12:30 7 facilities, each of those teams' clinical rotations are  
11:12:33 8 scheduled for the same dates and times." Do you see that?

11:12:37 9 A. I do see that.

11:12:38 10 Q. And -- and you were told that all of the teams  
11:12:40 11 would be participating in their clinicals on the same  
11:12:43 12 dates and time during the spring 2023 semester, correct?

11:12:49 13 A. So I saw -- I mean, yes, that's what they --  
11:12:53 14 that's what they said. I saw a schedule, though, later on  
11:12:56 15 that showed something to the contrary.

11:12:58 16 Q. And -- and what are you referring to?

11:13:01 17 A. There were some teams that were scheduled for the  
11:13:03 18 same days at various locations but others that were --  
11:13:10 19 that did not have the same dates. So -- so my entire  
11:13:14 20 cohort of 50 students did not all have the same schedule.

11:13:19 21 Q. Which teams did you see something that suggested  
11:13:23 22 they had different dates for their clinical shifts in the  
11:13:26 23 spring of 2023?

11:13:27 24 A. I was told that I could not see that schedule,  
11:13:31 25 and I don't remember now how I was able to get a copy of

Sara Do vs Arizona Board of Regents  
Sara Do

March 16, 2024

CV-22-00190-PHX-JJT  
56

11:13:35 1 it, but I did. And that's how I saw it.

11:13:40 2 As far as teams, we weren't -- actually, we  
11:13:43 3 were -- we were given names, but I don't remember who  
11:13:45 4 was -- Well, I don't even remember what my team name was.

11:13:49 5 Q. So you had a copy of a schedule of clinical  
11:13:52 6 shifts for the spring 2023 semester for a team other than  
11:13:57 7 yours?

11:13:58 8 A. It was for everybody.

11:14:00 9 Q. Did you produce that in this case?

11:14:01 10 A. I believe I did.

11:14:02 11 Q. And you believe that schedule shows that teams  
11:14:05 12 other than yours participated in clinical shifts on days  
11:14:10 13 that were different from the ones you participated in?

11:14:12 14 A. That's correct.

11:14:13 15 Q. And you said you weren't supposed to have it but  
11:14:17 16 you got a copy of it?

11:14:18 17 A. Yes. I was -- I asked for it originally, and I  
11:14:22 18 believe that I -- Professor Keck and Dr. Bednarek are two  
11:14:28 19 people that I believe I asked for that schedule to come  
11:14:34 20 up -- or I asked if I could have a copy of it just so I  
11:14:37 21 could see. And I was told that that's not something that  
11:14:40 22 they would turn over to a student. And I believe that I  
11:14:47 23 saw it uploaded to one of -- to my portal, that one of the  
11:14:55 24 professors had uploaded it.

11:14:57 25 Q. Do you recall when you saw that?

Sara Do vs Arizona Board of Regents  
Sara Do

March 16, 2024

CV-22-00190-PHX-JJT  
57

11:14:59 1 A. No.

11:15:00 2 Q. Was it after the semester had begun?

11:15:03 3 A. It had to have been, I believe, because I don't  
11:15:14 4 think that they had the schedule set in stone before the  
11:15:17 5 semester started. I could be wrong, but I think it was  
11:15:21 6 after, yeah.

11:15:21 7 Q. You mentioned this earlier, but in response to  
11:15:26 8 your request for open scheduling, you were granted a  
11:15:32 9 different accommodation through which you could take  
11:15:34 10 scheduled breaks, correct?

11:15:36 11 A. Correct.

11:15:36 12 Q. And I believe you said you were offered the  
11:15:39 13 option of either one two-hour break or two one-hour breaks  
11:15:45 14 that would be scheduled mid-shift, midday, correct?

11:15:49 15 A. Correct.

11:15:50 16 Q. And you were to schedule those breaks in advance  
11:15:52 17 of your clinical shift. Is that right?

11:15:54 18 A. Yes. I had to schedule those breaks before the  
11:15:57 19 clinical shift began. That's what I was told.

11:16:00 20 Q. And then if you took those breaks, either a  
11:16:04 21 two-hour break or two one-hour breaks, you would make up  
11:16:07 22 that missed time in simulation, correct?

11:16:09 23 A. Yes.

11:16:10 24 Q. So what you were granted was an option where  
11:16:16 25 if -- I'm just going to give a hypothetical -- if you

Sara Do vs Arizona Board of Regents  
Sara Do

March 16, 2024

CV-22-00190-PHX-JJT  
63

11:41:39 1 Q. Okay. I think we have gone through all but the  
11:41:44 2 final request that's on your list. So if you would look  
11:41:46 3 at Item Number 8, please. There you are asking that if  
11:41:51 4 flexible or open scheduling for clinicals is denied, that  
11:41:54 5 you'd be placed at East Valley clinical locations,  
6 correct?

11:41:58 7 A. Yes.

11:41:58 8 Q. In response to this request, you were told that  
11:42:06 9 you had been placed at the closest clinical site to the  
11:42:10 10 East Valley, correct?

11:42:12 11 A. Yes.

11:42:12 12 Q. Do you know if that was true?

11:42:19 13 A. Once I looked at that schedule that I -- that I  
11:42:25 14 got access to, that was actually true, and it was 30 miles  
11:42:30 15 away from my home.

11:42:31 16 Q. So we have gone through all of the Items 1  
11:42:41 17 through 8 on Exhibit Number 43 in your request of  
11:42:46 18 accommodations. At a later time, you also asked that you  
11:42:51 19 be given additional time for your exams, correct?

11:42:55 20 A. Yes.

11:42:55 21 Q. And ASU granted you that additional time,  
22 correct?

11:43:01 23 A. Where -- where is that?

11:43:03 24 Q. I'm asking you. You said that you had -- had  
11:43:06 25 requested that additional time. Were you granted the



Sara Do vs Arizona Board of Regents  
Sara Do

March 16, 2024

CV-22-00190-PHX-JJT  
65

11:44:40 1 Q. But I think it answers the question.  
11:44:42 2 But let me know when you're ready, please.  
11:44:44 3 A. Okay. Thank you.  
11:44:51 4 Okay. Yes, they approved -- according to  
11:44:53 5 this email that Katherine Benedict wrote on June 2nd,  
11:44:58 6 2023, that they have updated my file with approval for 1.5  
11:45:02 7 times extended testing times for my exams moving forward.  
11:45:06 8 Q. Okay. Thank you.  
11:45:08 9 A. You're welcome.  
11:45:09 10 Q. Did you ever utilize the additional testing time?  
11:45:12 11 A. I don't think I did.  
11:45:15 12 Q. Okay. You can set that aside.  
11:45:25 13 I want to talk more generally now about  
11:45:28 14 specifically the spring 2023 semester. During that  
11:45:33 15 semester, we've already talked about the fact that you  
11:45:36 16 were enrolled in NUR 478, correct?  
11:45:40 17 A. Yes.  
11:45:40 18 Q. And you also had some didactic and experiential  
11:45:46 19 courses, correct?  
11:45:50 20 A. In the spring of 2023?  
11:45:52 21 Q. Yes.  
11:45:53 22 A. Yeah, I had -- I had didactic and then -- I  
11:45:59 23 don't know what the experiential would have been for that  
11:46:03 24 semester. Like simulations.  
11:46:05 25 Q. Did you have simulations during that semester?

Sara Do vs Arizona Board of Regents  
Sara Do

March 16, 2024

CV-22-00190-PHX-JJT  
67

11:47:49 1 how many students we had in the classroom, so he would  
11:47:52 2 always be very close by but not necessarily in the  
11:47:55 3 classroom with me but, like, within steps. Just maybe  
11:47:59 4 outside the building instead of inside.

11:48:01 5 Q. Okay. And for purposes of your NUR 478  
11:48:05 6 clinical course during the spring 2023 semester, did  
11:48:10 7 Dr. Do attend each of your clinical shifts with you at  
11:48:14 8 St. Joseph's Hospital?

11:48:14 9 A. He did. And he stayed on-site from the moment we  
11:48:17 10 arrived to the moment we left together.

11:48:19 11 Q. If I asked you this before, I apologize.

11:48:23 12 A. That's okay.

11:48:23 13 Q. I don't think I did.

11:48:24 14 In connection with the spring 2023 NUR 478  
11:48:28 15 clinicals, did you use any of the breaks that Arizona  
11:48:33 16 State University had offered you as an accommodation?

11:48:35 17 A. I did not.

11:48:37 18 Q. I am going to hand you what we will mark as  
11:48:50 19 Exhibit 47.

11:48:52 20 MS. WINDTBERG: And for the record,  
11:48:53 21 Exhibit 47 is marked ABOR013279 through ABOR013313.

22 (Deposition Exhibit 47 was marked for  
11:49:25 23 identification.)

11:49:25 24 BY MS. WINDTBERG:

11:49:26 25 Q. Do you recognize Exhibit Number 47?

Sara Do vs Arizona Board of Regents  
Sara Do

March 16, 2024

CV-22-00190-PHX-JJT  
72

11:54:56 1 A. Again, it was, like, the same from the other  
11:54:59 2 semester. He wouldn't be in the classroom with me, but he  
11:55:02 3 would be, like, in a chair right outside the door.

11:55:04 4 Q. On campus?

11:55:05 5 A. Yes.

11:55:06 6 Q. Okay. I want to talk about NUR 516, the mental  
11:55:11 7 health clinical course. Where were your clinical shifts  
11:55:15 8 for that course scheduled?

11:55:17 9 A. Copper Springs East in Gilbert.

11:55:24 10 Q. Okay. And did Dr. Do accompany you to your  
11:55:26 11 clinical shifts for that course?

11:55:27 12 A. Yes. Every one.

11:55:29 13 Q. Did you attend all of your clinical shifts for  
11:55:33 14 that course?

11:55:33 15 A. Yes, I did.

11:55:34 16 Q. And in connection with NUR 516, did you use any  
11:55:38 17 of your accommodation breaks?

11:55:40 18 A. No, I did not.

11:55:42 19 Q. Okay. Switching gears again, now I want to talk  
11:55:50 20 about NUR 519 now, the transition to practice --

11:55:54 21 A. Okay.

11:55:54 22 Q. -- course.

11:55:54 23 What is the transition to practice course?

11:55:57 24 A. It's our last set of clinicals that we do to  
11:56:02 25 prepare us for nursing.

Sara Do vs Arizona Board of Regents  
Sara Do

March 16, 2024

CV-22-00190-PHX-JJT  
73

11:56:06 1 Q. I've heard NUR 519 referred to as "TTP." Have  
11:56:13 2 you heard that?

11:56:14 3 A. I have. Transition to practice.

11:56:16 4 Q. So if I refer to NUR 519 as "TTP," will you  
11:56:20 5 understand what I mean?

11:56:21 6 A. Yes.

11:56:22 7 Q. Okay. Just hoping that speeds us up a little bit  
11:56:25 8 for us.

11:56:26 9 Where were your TTP clinicals scheduled?

11:56:28 10 A. At St. Joseph's Hospital in Phoenix.

11:56:30 11 Q. And was the scheduling of those clinical shifts  
11:56:34 12 different from the scheduling of the clinical shifts for  
11:56:37 13 your prior clinical courses?

11:56:40 14 A. In terms of -- do you mind clarifying in terms  
11:56:48 15 of -- yeah.

11:56:48 16 Q. So for your TTP course, were you responsible to  
11:56:52 17 schedule the clinical shifts with your nurse preceptor and  
11:56:55 18 your faculty of record from ASU?

11:56:58 19 A. Yes, I was.

11:56:59 20 Q. And so the clinical shift dates weren't preset  
11:57:02 21 when you started that course, correct?

11:57:04 22 A. That's correct. So the way that I would handle  
11:57:07 23 those, I worked in conjunction with my nurse preceptor,  
11:57:13 24 and so she would give me her schedule for when she would  
11:57:18 25 be working on her shifts, and then from there, I could

Sara Do vs Arizona Board of Regents  
Sara Do

March 16, 2024

CV-22-00190-PHX-JJT  
74

11:57:23 1 select which shifts I wanted to work. And then I had to  
11:57:29 2 get those shifts approved through the university. And  
11:57:34 3 then if they approved the shifts that I wanted to work  
11:57:37 4 with my preceptor, then my schedule was set for that.  
11:57:41 5 Q. Thank you.  
11:57:42 6 A. You're welcome.  
11:57:43 7 Q. How many shifts were required for the TTP course?  
11:57:48 8 A. I think it was seven.  
11:57:51 9 Q. And were those day shifts?  
11:57:55 10 A. They were.  
11:57:56 11 Q. Am I understanding correctly that your preceptor  
11:58:04 12 was a nurse who worked for St. Joseph's Hospital?  
11:58:11 13 A. That's correct.  
11:58:11 14 Q. And what was your preceptor's name?  
11:58:13 15 A. Oh, my gosh, I don't remember. Do you have it in  
11:58:24 16 there? I would immediately recognize it if you said it.  
11:58:27 17 Q. Is Janice Cook --  
11:58:29 18 A. Yes.  
11:58:29 19 Q. -- her name?  
11:58:31 20 A. That's her.  
11:58:34 21 Q. Okay. And in addition to a preceptor, you also  
11:58:36 22 had a faculty of record, correct?  
11:58:38 23 A. Yes.  
11:58:38 24 Q. Who was your faculty of record for the TTP  
11:58:41 25 course?

Sara Do vs Arizona Board of Regents  
Sara Do

March 16, 2024

CV-22-00190-PHX-JJT  
75

11:58:41 1 A. I -- I think her last name was Serna. And I  
11:58:44 2 think her first name was maybe Jessica.

11:58:49 3 Q. Okay. And Professor Serna was a faculty member  
11:58:51 4 at the Edson College. Is that right?

11:58:53 5 A. That's correct.

11:58:54 6 Q. Did Professor Serna accompany you to all of your  
11:58:59 7 clinical shifts at St. Joseph's for the TTP course?

11:59:02 8 A. So the tran- -- the TTP is different from all  
11:59:07 9 other clinicals. The -- the faculty of record does not  
11:59:11 10 have to attend every shift. They typically will make an  
11:59:17 11 appearance in the beginning, maybe midway through, and  
11:59:20 12 then at the end.

11:59:21 13 Q. Of each shift?

11:59:22 14 A. Not of each shift. Of the whole entire program,  
11:59:26 15 so all seven.

11:59:28 16 Q. Do you recall how many times Professor Serna, as  
11:59:32 17 you put it, made an appearance at your clinical shifts in  
11:59:36 18 connection with this course?

11:59:37 19 A. I believe it was three times, but she required  
11:59:39 20 that I text her when I arrive on-site and every day when I  
11:59:42 21 would leave the hospital. So we were making contact at  
11:59:49 22 every shift. It just wasn't in person except for three  
11:59:53 23 times, three out of the seven.

11:59:58 24 Q. Okay. Your last clinical shift for the TTP  
12:00:01 25 course was scheduled for August 5th of 2023, correct?

Sara Do vs Arizona Board of Regents  
Sara Do

March 16, 2024

CV-22-00190-PHX-JJT  
76

12:00:05 1 A. That sounds right.

12:00:06 2 Q. And in advance of that last shift, you injured  
12:00:13 3 your foot and ankle, I believe it was. Is that correct?

12:00:18 4 A. My foot, ankle, and then up my shin area.

12:00:22 5 Q. What happened?

12:00:23 6 A. I fell. I tripped over a metal basket at home  
12:00:27 7 and -- yeah.

12:00:28 8 Q. And what happened to your foot, ankle, and shin?

12:00:32 9 A. I had a really bad contusion that went -- I don't  
12:00:38 10 even know. It was 8 to 12 inches long. I was having  
12:00:46 11 trouble walking. It was a lot of pain, so -- yeah.

12:00:53 12 Q. Did you seek any medical attention for your  
12:00:57 13 injury?

12:00:57 14 A. I did through Thong.

12:01:04 15 Q. What do you mean by that?

12:01:05 16 A. Well, he's a licensed medical doctor practicing  
12:01:12 17 med-peds, so he does internal medicine, family practice,  
12:01:16 18 and pediatrics. So I basically had him look at my -- look  
12:01:22 19 at my leg, evaluate me. I didn't believe that it was  
12:01:24 20 broken. Neither did he.

12:01:27 21 And then I was also just a couple of  
12:01:30 22 clinicals away -- No, that was my last clinical that day  
12:01:36 23 to graduating as a master's-trained nurse, so I also took  
12:01:39 24 into consideration my own training and education and what  
12:01:41 25 I knew in conjunction with what I saw and what I felt, and

Sara Do vs Arizona Board of Regents  
Sara Do

March 16, 2024

CV-22-00190-PHX-JJT  
77

12:01:46 1 so I didn't seek other outside medical treatment for it.  
12:01:53 2 He told me what his opinion was that he thought that I  
12:01:56 3 should do and that aligned with my own thoughts of what I  
12:01:59 4 needed to do. He told me what to look out for as far  
12:02:04 5 as -- you know, if it gets worse; if there's any kind of  
12:02:06 6 numbness, tingling; you know, if I were to have a reduced  
12:02:13 7 pedal pulse in my foot that could indicate a clot, all of  
12:02:18 8 which, you know, like I said, aligned with my own  
12:02:22 9 education and what I felt as well.

12:02:23 10 Q. And you said he told you his opinion of what you  
12:02:25 11 should do. What did he tell you he thought you should do?

12:02:28 12 A. So there's an acronym called RICE. It's rest,  
12:02:33 13 ice it, compress, and elevate. So if you sprain your  
12:02:42 14 ankle or you have any kind of injury, that's always kind  
12:02:45 15 of a good rule of thumb to follow assuming that the foot's  
12:02:49 16 not -- or the -- whatever area of the body isn't turning  
12:02:53 17 cold, which -- you know, or discolored, which could  
12:02:55 18 indicate, you know, problems with blood flow and stuff  
12:03:00 19 like that.

12:03:01 20 Q. In this lawsuit, you've alleged that you needed  
12:03:06 21 to wear an orthopedic boot.

12:03:09 22 A. Uh-huh.

12:03:10 23 Q. What is an orthopedic boot?

12:03:11 24 A. So it's a -- it is basically a very hard plastic  
12:03:22 25 walking boot that provides the C for the compression in



Sara Do vs Arizona Board of Regents  
Sara Do

March 16, 2024

CV-22-00190-PHX-JJT  
78

12:03:30 1 the RICE acronym. It provides protection from bumping the  
12:03:36 2 contu- -- the contusion to anything else, which helps to  
12:03:40 3 protect the area that's injured. If there is a sprain, it  
12:03:45 4 helps to immobilize it. So . . .

12:03:50 5 Q. And did Dr. Do recommend that you wear an  
12:03:54 6 orthopedic boot?

12:03:54 7 A. Yes. And I actually had one from a previous fall  
12:03:57 8 when I fell over a baby gate that an orthopedic doctor  
12:04:02 9 gave to me when I injured myself when I fell previously,  
12:04:07 10 so he suggested using that one. The orthopedic boots that  
12:04:12 11 a orthopedic doctor prescribes are far different than,  
12:04:16 12 like, the ones you can buy on Amazon, for example.  
12:04:19 13 They're much more high medical grade. They immobilize  
12:04:24 14 significantly better than the ones that you can just buy  
12:04:28 15 at a drugstore or Amazon.

12:04:29 16 Q. Okay. And so you used the one you already had?

12:04:31 17 A. Yes. From the orthopedic doctor.

12:04:35 18 Q. And just so that I can confirm, you're not  
12:04:39 19 asserting in this lawsuit that the injury that you  
12:04:42 20 suffered to your foot, ankle, and leg was a disability,  
12:04:44 21 correct?

12:04:45 22 A. No.

12:04:45 23 Q. No, you're not asserting that it's a disability?

12:04:48 24 A. I'm asserting that it was not a dis- -- The foot  
12:04:51 25 itself was not -- You know, wearing a big boot like that,

12:04:56 1 it does cause issues with my disability, but the foot  
12:05:00 2 injury itself was not a disability.

12:05:03 3 Q. What issues does the boot cause with your  
12:05:07 4 disability?

12:05:08 5 A. So the boot in and of itself is pretty heavy.  
12:05:14 6 It's clunky. It's very cumbersome. The hospital rooms at  
12:05:21 7 St. Joseph Hospital are pretty small, and the area that I  
12:05:26 8 was assigned to was the mother and baby unit. So in any  
12:05:31 9 given room, we have a patient along with their bed. You  
12:05:37 10 have an Isolette that their newborn is sitting in -- or  
12:05:41 11 laying in. There's a recliner, an IV pole. Typically,  
12:05:48 12 they have a partner there, a helper with them, you know,  
12:05:51 13 their -- their spouse or a parent, whoever. Oftentimes  
12:05:55 14 multiple people. So maneuvering around all of that when  
12:05:58 15 you have a boot that goes up to your knee is -- it takes a  
12:06:03 16 lot of extra effort. It -- And when you have a heart  
12:06:09 17 that's already kind of overworked the way it is and an  
12:06:14 18 arrhythmia, moving around, walking around, having to turn  
12:06:17 19 sideways and scoot by so you're not walking in a normal  
12:06:21 20 fashion, you know, scooting by things, it just adds an  
12:06:26 21 extra cardiac burden because you're having to move in ways  
12:06:29 22 that you wouldn't normally move.

12:06:30 23 Q. The injuries that you suffered to your foot,  
12:06:38 24 ankle, and leg was two days before your last clinical  
12:06:41 25 shift, correct?

Sara Do vs Arizona Board of Regents  
Sara Do

March 16, 2024

CV-22-00190-PHX-JJT  
80

12:06:42 1 A. That sounds right. I think it was the night  
12:06:46 2 before -- the night before. So it was -- it was late at  
12:06:49 3 night, and I think it was the night before -- two nights  
12:06:57 4 before, I think it was.

12:06:57 5 Q. So if your last clinical shift was August 5th, it  
12:07:01 6 would have been the night of August 3rd?

12:07:03 7 A. I think so.

12:07:04 8 Q. So the night before your last clinical shift, on  
12:07:09 9 August 4th, did you reach out to Professor Serna about  
12:07:13 10 your injury?

12:07:13 11 A. I think I did, you know.

12:07:19 12 And I kind of want to go back just for a  
12:07:23 13 second regarding, like, the -- when you asked me if I  
12:07:25 14 sought medical care for it. One of the other reasons that  
12:07:29 15 I didn't was because, like, I didn't want for a provider  
12:07:33 16 to tell me like, "You really -- you really shouldn't be up  
12:07:37 17 on your foot walking around doing a full shift at a  
12:07:41 18 hospital." I mean, it -- it was -- it was -- it was  
12:07:49 19 really bruised. It looked bad. And I just was concerned  
12:07:57 20 that if a provider were to tell me, you know, "You really  
12:08:01 21 need to stay off of it for a week or whatever" -- I didn't  
12:08:05 22 want to have any reason why I couldn't go to that shift,  
12:08:08 23 and I would just have rather remained doing whatever I  
12:08:13 24 felt like I needed to do instead of having a provider say,  
12:08:16 25 "You can't go; you need to stay off of it."

Sara Do vs Arizona Board of Regents  
Sara Do

March 16, 2024

CV-22-00190-PHX-JJT  
81

12:08:19 1 Q. And so it was your decision that you wanted to go  
12:08:21 2 to that final shift?

12:08:22 3 A. I did want to go to that final shift because I  
12:08:25 4 knew that that was going to be a deal-breaker if I didn't.

12:08:27 5 Q. What do you mean?

12:08:28 6 A. I wouldn't have graduated if I didn't finish all  
12:08:31 7 my clinicals.

12:08:32 8 Q. Could you have scheduled another clinical shift  
12:08:35 9 at a later time to complete that clinical course?

12:08:37 10 A. I think -- According to Janice's schedule, I  
12:08:41 11 think that she had another day or maybe two that she was  
12:08:44 12 scheduled for that I could have done, but I didn't want to  
12:08:52 13 go up to the very last day in case I had an issue with my  
12:08:56 14 heart.

12:08:56 15 Q. And so you decided to do what you could to go to  
12:09:00 16 the August 5th, 2023, clinical shift?

12:09:02 17 A. Yes.

12:09:03 18 Q. Turning back to your communication with Professor  
12:09:11 19 Serna, you said you think you reached out to her about the  
12:09:13 20 injury the night before, correct?

12:09:16 21 A. I'm pretty sure I did. I mean, I know I did for  
12:09:19 22 sure. I just don't know if it was the night before. I  
12:09:22 23 think it was.

12:09:22 24 Q. When you reached out to her, did you do that by  
12:09:25 25 text message?

Sara Do vs Arizona Board of Regents  
Sara Do

March 16, 2024

CV-22-00190-PHX-JJT  
82

12:09:26 1 A. Probably, I -- yeah. I mean, gosh, it's been so  
12:09:36 2 long. I think I probably did, but it may have been  
12:09:38 3 through email.

12:09:38 4 Q. Do you remember sending her an email?

12:09:42 5 A. I don't remember specifically which method of  
12:09:45 6 communication I -- I used to convey that message to her.

12:09:47 7 Q. Let me ask --

12:09:50 8 A. I mean, you can see I write a lot of emails, so  
12:09:53 9 it's hard to keep them straight.

12:09:55 10 Q. Let me ask a couple of questions that might help  
12:09:57 11 us.

12:09:58 12 A. Okay.

12:09:58 13 Q. Do you recall speaking to Professor Serna either  
12:10:01 14 in person or over the phone?

12:10:02 15 A. I don't remember speaking to her over the phone.  
12:10:11 16 It doesn't mean I didn't, but I don't remember doing that.

12:10:14 17 Q. Do you remember if you reached out to Profess- --  
12:10:16 18 Professor Serna in more than one way? So, for example,  
12:10:20 19 with an email and a text message?

12:10:22 20 A. I don't remember that.

12:10:23 21 Q. Is it possible that the only way you communicated  
12:10:30 22 with Professor Serna about your injury was through text?

12:10:33 23 A. It is possible.

12:10:34 24 Q. Let's take a look at an exhibit and see if that  
12:10:42 25 helps at all. We are at Exhibit Number 48, and we'll hand

Sara Do vs Arizona Board of Regents  
Sara Do

March 16, 2024

CV-22-00190-PHX-JJT  
83

12:10:49 1 you what we will mark as Exhibit Number 48. It's been  
12:10:52 2 branded Do\_105023 through Do\_105024.

3 THE WITNESS: Thank you.

12:11:19 4 Sorry. I'm just trying to keep them in  
12:11:21 5 order in case she wants me to pull them back out. Thank  
12:11:26 6 you.

7 (Deposition Exhibit 48 was marked for  
12:11:35 8 identification.)

12:11:35 9 BY MS. WINDTBERG:

12:11:35 10 Q. Do you recognize Exhibit Number 48?

12:11:37 11 A. Yes.

12:11:37 12 Q. What is Exhibit Number 48?

12:11:38 13 A. It's a printout of some text messages with  
12:11:43 14 Professor Serna.

12:11:44 15 Q. Are those text messages that you sent  
12:11:48 16 Professor Serna?

12:11:48 17 A. That we shared back and forth. But yes, mine are  
12:11:51 18 on here that I sent to her.

12:11:53 19 Q. And if you look at the top of the first page of  
12:11:59 20 Exhibit 48, do you see the date of August 4th, 2023?

12:12:02 21 A. Yes.

12:12:03 22 Q. And am I correct that the text that appears in  
12:12:09 23 green is yours and the text that appears in lighter color  
12:12:14 24 is from Professor Serna?

12:12:16 25 A. Yes.

Sara Do vs Arizona Board of Regents  
Sara Do

March 16, 2024

CV-22-00190-PHX-JJT  
97

12:43:45 1 exception.

12:43:45 2 Q. Did you attend your final clinical shift on  
12:43:50 3 August 5th of 2023?

12:43:51 4 A. Yes, I did.

12:43:52 5 Q. Did you stay for the full shift?

12:43:55 6 A. Yes, I did.

12:43:56 7 Q. I'm going to hand you what we will mark as  
12:44:09 8 Exhibit 51. Exhibit 51 is Bates-numbered ABOR014453  
12:44:15 9 through ABOR014475.

10 (Deposition Exhibit 51 was marked for  
11 identification.)

12 BY MS. WINDTBERG:

12:44:38 13 Q. Do you recognize Exhibit Number 51?

12:44:40 14 A. It's my clinical performance evaluation.

12:44:43 15 Q. For your transition practices course?

12:44:48 16 A. Sorry. For 59 -- NUR 519. So yes, that would  
12:44:50 17 have been transition to practice.

12:44:51 18 Q. And if you look at the page that is marked  
12:45:00 19 ABOR014473, please.

12:45:02 20 A. Okay.

12:45:02 21 Q. Is that your signature on that page?

12:45:05 22 A. Yes.

12:45:06 23 Q. And just to make sure that this is the same as  
12:45:10 24 the last performance evaluation you looked at, there are  
12:45:13 25 columns that allow for student feedback and faculty

Sara Do vs Arizona Board of Regents  
Sara Do

March 16, 2024

CV-22-00190-PHX-JJT  
149

13:50:18 1 to travel to meet with patients in person?

13:50:20 2 A. It's possible but not probable.

13:50:26 3 Q. Okay.

13:50:29 4 A. Because they have a case manager already, but I'm  
13:50:33 5 a registered nurse case manager, so their case manager  
13:50:36 6 goes out and meets with them. And so if a case manager  
13:50:40 7 has, like, more of a medical question that they don't know  
13:50:43 8 the answer to, they come to me. And for the higher-acuity  
13:50:50 9 prior authorizations that need to be approved, those also  
13:50:53 10 would go to me. And for the lower ones -- like, say a  
13:50:58 11 patient needs some home health care, you know, maybe they  
13:51:01 12 have a wound or something that's not healing correctly,  
13:51:06 13 maybe they're diabetic or whatever and they need home  
13:51:10 14 health care -- their -- their case manager can handle that  
13:51:13 15 for them because it's a lower acuity. But once it gets  
13:51:17 16 into, like, bariatric patients or patients who are on a  
13:51:22 17 ventilator who might be doing, like, dialysis, those with  
13:51:26 18 the higher acuity would come to a registered nurse case  
13:51:30 19 manager, not just a regular case manager who doesn't have  
13:51:32 20 the nursing or medical background.

13:51:36 21 Q. What is your typical work schedule?

13:51:39 22 A. Monday through Friday, 8:00 to 5:00.

13:51:43 23 Q. In connection with this job, have you requested  
13:51:46 24 any accommodations under the ADA?

13:51:49 25 A. No.



Sara Do vs Arizona Board of Regents  
Sara Do

March 16, 2024

CV-22-00190-PHX-JJT  
154

14:20:44 1 A. Yeah.

14:20:44 2 Q. Okay. Are you currently driving?

14:20:47 3 A. Sometimes I'll drive, like, to Walmart. It's,  
14:20:50 4 like, three miles away from my house. But I don't  
14:20:53 5 typically drive further than that. Yeah. I know my  
14:20:58 6 limitations, so I don't typically drive further than that.  
14:21:02 7 I mean, if I had to, if I -- if my heart felt okay, then  
14:21:06 8 I -- I would, but not generally.

14:21:11 9 MS. WINDTBERG: Subject to further  
14:21:12 10 questions, based on what others ask, that's all I have for  
14:21:16 11 you now.

14:21:17 12 THE WITNESS: Okay.

14:21:17 13 MS. CHASSON: I don't have any questions.

14:21:19 14 MR. ENGLAND: Nothing from me.

14:21:21 15 MS. WINDTBERG: Okay. Thank you very much.

14:21:22 16 THE WITNESS: Thank you.

14:21:24 17 THE VIDEOGRAPHER: We are off the record.

14:21:26 18 Time on the monitor is 2:21 p.m. This ends Volume 1,

14:21:35 19 Media Number 3, of the deposition of Sara Do.

20 (The deposition was concluded at 2:21 p.m.)

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SARA DO

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Sara Do vs Arizona Board of Regents  
Sara Do

March 16, 2024

CV-22-00190-PHX-JJT  
155

1 STATE OF ARIZONA )

2 COUNTY OF MARICOPA )

3 BE IT KNOWN the foregoing deposition was  
4 taken by me pursuant to stipulation of counsel; that I was  
5 then and there a Certified Reporter of the State of  
6 Arizona, and by virtue thereof authorized to administer an  
7 oath; that the witness before testifying was duly sworn by  
8 me to testify to the whole truth; notice was provided that  
9 the transcript was available for signature by the  
10 deponent; that the questions propounded by counsel and the  
11 answers of the witness thereto were taken down by me in  
12 shorthand and thereafter transcribed into typewriting  
13 under my direction; that the foregoing pages are a full,  
14 true, and accurate transcript of all proceedings and  
15 testimony had and adduced upon the taking of said  
16 deposition, all to the best of my skill and ability.

17 I FURTHER CERTIFY that I am in no way related to  
18 nor employed by any parties hereto nor am I in any way  
19 interested in the outcome hereof.

20 DATED at Phoenix, Arizona, this 31st day of March,  
21 2024.



22  
23 Meri Coash, RMR, CRR  
24 Certified Reporter #50327  
25

# **EXHIBIT 12**

Sara Do vs. Arizona Board of Regents  
Janine Carrasco

August 3, 2023

CV-22-00190-PHX-JJT

IN THE UNITED STATES DISTRICT COURT

FOR THE DISTRICT OF ARIZONA

Sara Do, an individual,

Plaintiff,

v.

Arizona Board of Regents, an  
Arizona State Entity; et al.,

Defendants.

No.

CV-22-00190-PHX-JJT

IN THE SUPERIOR COURT OF THE STATE OF ARIZONA

IN AND FOR THE COUNTY OF MARICOPA

Sara Do, an individual,

Plaintiff,

v.

Arizona Board of Regents, an  
Arizona State Entity;  
Dr. Kimberly Day, an unmarried  
person; Dr. Salina Bednarek and  
Joshua Bednarek, wife and  
husband; Dr. Margaret Morris  
and Phillip Morris, wife and  
husband; Candace Keck and  
Jonathan Keck, wife and  
husband,

Defendants.

No. CV2022-009424

VIDEOTAPED  
DEPOSITION OF  
JANINE CARRASCO

Phoenix, Arizona

August 3, 2023

Prepared by:

Meri Coash, RMR, CRR  
Certified Reporter  
Certification No. 50327

**CERTIFIED  
TRANSCRIPT**

Sara Do vs. Arizona Board of Regents  
Janine Carrasco

August 3, 2023

CV-22-00190-PHX-JJT  
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# I N D E X

WITNESS	PAGE
Examination by Mr. Messer	6
Examination by Mr. England	38
Further Examination by Mr. Messer	60
Further Examination by Mr. England	61

## EXHIBITS MARKED

EXHIBITS	DESCRIPTION	PAGE
Exhibit 31	Email from Carrasco to Day, 7-24-21, Subject: "Nursing Student" ABOR000555	24
Exhibit 32	Photo of folded paper scrubs ABOR000556	35

Sara Do vs. Arizona Board of Regents  
Janine Carrasco

August 3, 2023

CV-22-00190-PHX-JJT  
3

1 VIDEOTAPED DEPOSITION OF JANINE CARRASCO  
2 was taken on August 3, 2023, commencing at 9:05 a.m., at  
3 the law offices of Osborn Maledon, PA, 2929 North Central  
4 Avenue, Phoenix, Arizona, before Meri Coash, a Certified  
5 Reporter in the State of Arizona.

6

7

8

\* \* \*

9

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For Defendants Arizona Board of Regents, Day,  
Bednarek, Morris, Keck:

17

OSBORN MALEDON, PA

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By: Kristin L. Windtberg, Esq.

Mary R. O'Grady, Esq. (Via Zoom)

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Sara Do vs. Arizona Board of Regents  
Janine Carrasco

August 3, 2023

CV-22-00190-PHX-JJT  
4

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10 602-224-0999

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12 afox@cblawyers.com

13 Also present: Kwan Piensook, Esq.;

14 Daniel Rohan, videographer

15 Also present via Zoom: Sara Do, Johanna Hammel

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Sara Do vs. Arizona Board of Regents  
Janine Carrasco

August 3, 2023

CV-22-00190-PHX-JJT  
18

09:21:07 1 I'm normally on call. I thought it was odd that we had a  
09:21:10 2 nursing student on a weekend. Normally, we don't have --  
09:21:13 3 if we have any students in the OR on the weekends, they're  
09:21:16 4 generally medical students who are doing their surgical  
09:21:20 5 rotation. So I just thought it was very odd that we had a  
09:21:24 6 nursing student in the OR on a weekend.

09:21:26 7 Q. Did you know why you had a nursing student in the  
09:21:33 8 weekend in the O- -- nursing student in the OR on a  
09:21:37 9 weekend?

09:21:38 10 A. Well, at that time I just assumed that  
09:21:40 11 arrangements were made for her to be there.

09:21:43 12 Q. You said "at that time." Is there -- did you get  
09:21:51 13 a different understanding later?

09:21:52 14 A. No.

09:21:55 15 Q. Lawyer question.

16 A. I know.

09:22:03 17 Q. So you said you did recall her. What do you  
09:22:06 18 recall about that nursing student?

09:22:07 19 A. Well, I recall I was already scrubbed when she --  
09:22:13 20 when I -- when she came to the room. And I remember that  
09:22:20 21 she sat down in a chair. And because I don't like to talk  
09:22:24 22 to people, I scooted my chair over to engage her in  
09:22:28 23 conversation and basically just asked her what kind of  
09:22:34 24 nursing did she want to pursue. And I was kind of  
09:22:41 25 expecting, you know, a general -- You know, what most



Sara Do vs. Arizona Board of Regents  
Janine Carrasco

August 3, 2023

CV-22-00190-PHX-JJT  
19

09:22:49 1 nursing students say to me is "I want to do general  
09:22:51 2 surgery," "I want to do psych," or "I really like labor  
09:22:54 3 and delivery," or -- And her response to me was -- I  
09:22:58 4 can't remember specifically whether it was management or  
09:23:02 5 administration, but it was one of those two. And which I  
09:23:12 6 also found very odd because neither of those are  
09:23:18 7 patient-centered.

09:23:19 8 Q. When you were having this conversation with that  
09:23:32 9 nursing student, I recognize that she told you she wanted  
09:23:35 10 to do management or administration, did she also say that  
09:23:38 11 she didn't want to do patient care?

09:23:42 12 A. No. Because I didn't feel like she wanted to  
09:23:44 13 really engage any longer, so I just -- I was sitting on a  
09:23:47 14 stool, and frequently I'll roll myself across the room  
09:23:50 15 instead of getting up, and I just basically rolled myself  
09:23:54 16 away back to my sterile area.

09:23:56 17 Q. After she -- Excuse me. After she told you that  
09:23:59 18 she wanted to do administration is when you --

09:24:02 19 A. Well, because I just got the sense that she just  
09:24:06 20 really didn't want to talk.

09:24:07 21 Q. What gave you that sense?

09:24:10 22 A. I don't know.

09:24:13 23 Q. It was just the vibe that you got?

09:24:14 24 A. Yeah, the vibe that I got.

09:24:16 25 Q. Had the surgery started when the nursing student

Sara Do vs. Arizona Board of Regents  
Janine Carrasco

August 3, 2023

CV-22-00190-PHX-JJT  
20

09:24:24 1 came in?

09:24:24 2 A. Had the surgery started?

09:24:27 3 MS. CHASSON: Object to form.

09:24:30 4 THE WITNESS: The -- are you talking about  
09:24:31 5 the actual -- the actual procedure or are you referring  
09:24:35 6 to -- I believe when she came in, they were still  
09:24:37 7 intubating the patient. They were doing all of the  
09:24:40 8 precursor to the surgery: the intubation, the making sure  
09:24:46 9 they're preoxygenate- -- oxynigate -- I can't get that  
09:24:50 10 word out -- make sure they have lots of good oxygen in  
09:24:54 11 their lungs. So that's what was going on when she entered  
09:24:59 12 the room, when she came into the room.

09:25:01 13 BY MR. MESSER:

09:25:06 14 Q. Do you recall how she behaved once the surgery  
09:25:10 15 got under way?

09:25:13 16 MR. ENGLAND: Objection.

09:25:14 17 THE WITNESS: How she behaved? Well, I just  
09:25:16 18 remember she was very disinterested in participating in  
09:25:23 19 the goings-on in the room.

09:25:25 20 BY MR. MESSER:

09:25:25 21 Q. What makes you say that?

09:25:26 22 A. Because she really didn't get up from the stool.  
09:25:30 23 Gabi, the nurse that I -- in my room -- The nurse is --  
09:25:33 24 when a patient's being intubated, the nurse is right there  
09:25:38 25 at the patient's bedside to help the anesthesiologist

Sara Do vs. Arizona Board of Regents  
Janine Carrasco

August 3, 2023

CV-22-00190-PHX-JJT  
21

09:25:41 1 should they have any problems with the intubation, or just  
09:25:46 2 in general help with the intubation. And I remember Gabi  
09:25:49 3 standing at the patient's bedside and inviting her over  
09:25:53 4 with a wave. You know, "Come on over." And she just  
09:25:58 5 didn't want -- didn't get up and didn't want to be at the  
09:26:02 6 patient's bedside.

09:26:03 7 Q. Did anyone -- did you say anything to the nursing  
09:26:12 8 student once the surgery got started?

09:26:15 9 A. No.

09:26:15 10 Q. Do you recall if anybody did?

09:26:16 11 A. Well, I remember that the nurse anesthetist in  
09:26:22 12 the room attempted to engage in conversation with her.  
09:26:27 13 And if she had conversation with Gabi, I don't recall  
09:26:30 14 that. And I can't say what they said because they were --  
09:26:33 15 I couldn't hear what they were saying, if they were  
09:26:36 16 speaking.

09:26:36 17 Q. So you said the nurse anesthetist -- that's a  
09:26:42 18 hard word, nurse anesthetist --

09:26:44 19 A. Yes.

09:26:44 20 Q. -- tried to engage with her. What do you mean by  
09:26:48 21 tried to engage?

09:26:50 22 A. It was -- I just -- I can't remember their  
09:26:54 23 conversation specifically, but he was attempting to make  
09:26:58 24 her feel welcome in the room.

09:27:00 25 Q. Do you remember how she responded?

Sara Do vs. Arizona Board of Regents  
Janine Carrasco

August 3, 2023

CV-22-00190-PHX-JJT  
22

09:27:02 1 A. In general, my recollection is that she did not  
09:27:12 2 want to be within -- she didn't want to participate in the  
09:27:16 3 patient care.

09:27:17 4 Q. Did she say that she didn't want to participate  
09:27:31 5 in the patient care?

09:27:32 6 A. Specifically, I don't recall her saying that.

09:27:36 7 Q. Do you recall her saying anything?

09:27:37 8 A. Other than what she said to me, no.

09:27:42 9 Q. Was the nursing student there for the whole  
09:27:58 10 surgery?

09:27:59 11 A. She might have been. I recall she -- I recall  
09:28:06 12 that she left the room at least once, perhaps more. I  
09:28:13 13 can't remember. It's been a long time.

09:28:15 14 Q. Do you remember if she said anything to anyone  
09:28:24 15 before leaving the room?

09:28:25 16 A. No.

09:28:26 17 Q. No, you don't recall, or no, she didn't say  
09:28:32 18 anything?

09:28:32 19 A. She didn't say anything that I was in -- within  
09:28:37 20 earshot that I heard.

09:28:38 21 Q. Do you recall what kind of surgery this was?

09:28:58 22 A. Before yesterday or the day before yesterday when  
09:29:06 23 I was able -- when I met with Jill, I couldn't tell you  
09:29:09 24 what the surgery was because it was two years ago. But  
09:29:15 25 upon looking at --

Sara Do vs. Arizona Board of Regents  
Janine Carrasco

August 3, 2023

CV-22-00190-PHX-JJT  
24

09:30:54 1 Q. Do you remember any other details about the  
09:31:15 2 surgery?

09:31:16 3 A. No.

09:31:17 4 Q. We touched on this briefly, but I want to circle  
09:31:25 5 back to it. Did the nursing student at one point leave  
09:31:28 6 the room and not come back?

09:31:29 7 A. I don't recall that.

09:31:34 8 Q. Prior to the nursing student coming into the OR,  
09:31:45 9 had anyone talked to you about that nursing student?

09:31:49 10 A. No.

09:31:49 11 Q. I'm going to show you what's going to be marked  
09:32:05 12 as Exhibit 31.

13 (Deposition Exhibit 31 was marked for  
09:32:21 14 identification.)

09:32:21 15 BY MR. MESSER:

09:32:32 16 Q. All right. So Exhibit 31 is an email from you to  
09:32:38 17 a Kimberly Day, and it has Bates number -- which is the  
09:32:41 18 number down in the bottom right -- ABOR000555.

09:32:51 19 A. Uh-huh.

09:32:51 20 Q. Do you know who Kimberly Day is?

09:32:53 21 A. Yes.

09:32:54 22 Q. Who is Kimberly Day?

09:32:56 23 A. Kimberly Day at that time was a nurse who worked  
09:32:59 24 weekends for us. I know that she was a professor at  
09:33:04 25 Arizona State University in the nursing program.

Sara Do vs. Arizona Board of Regents  
Janine Carrasco

August 3, 2023

CV-22-00190-PHX-JJT  
25

09:33:06 1 Q. Do you know whether Kim Day was the charge nurse  
09:33:16 2 on the day of the surgery that we've been talking about?

09:33:18 3 A. Yes. She was the charge nurse.

09:33:20 4 Q. And what does that mean, being the charge nurse?

09:33:22 5 A. Oh, the charge nurse gets to carry around an  
09:33:28 6 annoying phone that rings constantly, and they get to be  
09:33:32 7 in the middle of physician arguments. Basically, they're  
09:33:37 8 there to coordinate the day as new -- new surgeries are  
09:33:42 9 added on. Some surgeries have already been posted for  
09:33:46 10 that day, and some surgeries were added on. And basically  
09:33:51 11 she -- she's the person that coordinates and --  
09:33:56 12 coordinates the day.

09:33:57 13 Q. The annoying phone that rings constantly, is that  
09:34:03 14 a personal phone or --

09:34:04 15 A. No.

09:34:04 16 Q. Is that a phone that the hospital provides?

09:34:07 17 A. It's an Ascom phone. It's a phone that the  
09:34:11 18 hospital provides.

09:34:12 19 Q. What is Ascom?

09:34:13 20 A. It's the name of the phone, so that's what we  
09:34:16 21 call them. Ascoms. Ascom phones. Mostly, they're very  
09:34:21 22 annoying.

09:34:23 23 Q. And prior to the surgery that we've been talking  
09:34:31 24 about, did you speak with Kim Day on the day of the  
09:34:35 25 surgery?

Sara Do vs. Arizona Board of Regents  
Janine Carrasco

August 3, 2023

CV-22-00190-PHX-JJT  
26

09:34:36 1 A. Well, I mean, you know, there's the "Good  
09:34:41 2 morning" generalities. And beyond that, she told us all  
09:34:48 3 which room she wanted us to be in, and -- and that was  
09:34:54 4 pretty much the conversation in the morning.

09:34:55 5 Q. Did she discuss having a nursing student with  
09:34:59 6 her?

09:34:59 7 A. With -- she did mention to me at some point in  
09:35:05 8 passing that there would -- that Gabi would have a nursing  
09:35:08 9 student.

09:35:09 10 Q. When she mentioned that, did she say anything  
09:35:17 11 else about the nursing student?

09:35:18 12 A. No. She just said she would have a nursing  
09:35:21 13 student.

09:35:21 14 Q. All right. So I do want to ask you a few  
09:35:38 15 questions about this email.

09:35:39 16 A. Sure.

09:35:39 17 Q. Did you have a chance to read through it?

09:35:41 18 A. Uh-huh.

09:35:42 19 Q. Okay. First question, do you remember why you  
09:35:44 20 sent this email?

09:35:45 21 A. Because Kim asked us if we would please send an  
09:35:51 22 email so that it was -- so that others had observed what  
09:35:58 23 she observed or that -- what we had observed so that it  
09:36:03 24 wasn't just the student's word against her word.

09:36:10 25 Q. When you said "us," who did you mean?

Sara Do vs. Arizona Board of Regents  
Janine Carrasco

August 3, 2023

CV-22-00190-PHX-JJT  
27

09:36:12 1 A. "Us"?

09:36:13 2 Q. Yes.

09:36:14 3 A. Those of us that were in the room: myself, Gabi  
09:36:17 4 the nurse, and I don't know -- I can't remember his name,  
09:36:21 5 the nurse anesthetist.

09:36:22 6 Q. And you said that Kim Day asked you to -- asked  
09:36:35 7 you to send her this email.

09:36:37 8 A. Uh-huh.

09:36:37 9 Q. Are these thoughts that you had told to her,  
09:36:40 10 like, verbally before she asked you to send the email?

09:36:43 11 A. No.

09:36:44 12 Q. Did she tell you what to say in the email?

09:36:46 13 A. No.

09:36:46 14 Q. Did she say why she wanted you to send this email  
09:36:51 15 to her?

09:36:52 16 A. I don't recall her words specifically aside from  
09:37:01 17 she wanted to be able to show that others had -- others  
09:37:07 18 were -- I don't know what the word is. Observed, perhaps.  
09:37:19 19 I don't know --

09:37:29 20 Q. Was it that -- Kim wasn't in the operating room  
09:37:32 21 with the nursing student, so was she trying to get an  
09:37:35 22 understanding of what the nursing student had done in the  
09:37:37 23 room, the OR?

09:37:38 24 A. No.

09:37:41 25 MR. ENGLAND: Foundation, calls for



Sara Do vs. Arizona Board of Regents  
Janine Carrasco

August 3, 2023

CV-22-00190-PHX-JJT  
33

09:45:29 1 A. No.

09:45:30 2 Q. Okay.

09:45:31 3 A. As I said before, it's not my job. She's not my

09:45:35 4 responsibility.

09:45:36 5 Q. When you found the scrubs, did you tell anybody?

09:45:42 6 A. No. No. Because I think when I saw the scrubs,

09:45:51 7 somebody else had already said that they found the scrubs,

09:45:59 8 but I can't tell you who that somebody else is or was.

09:46:02 9 Q. You anticipated my next question.

09:46:09 10 A. Long ago; far, far away.

09:46:11 11 Q. Before we get too far afield on this, does this

09:46:24 12 email accurately recount your experience with that nursing

09:46:28 13 student?

09:46:28 14 A. Yes.

09:46:31 15 Q. Is there anything that you remember in your

09:46:37 16 interactions with the nursing student that we haven't

09:46:39 17 talked about today or is not included in your email?

09:46:43 18 A. Could you repeat that? Sorry. I'm sorry. Could

09:46:48 19 you repeat your question?

09:46:50 20 Q. Of course. Is there anything you remember about

09:46:52 21 your interactions with the nursing student that either we

09:46:55 22 haven't talked about today or isn't included in your

09:46:58 23 email?

09:46:59 24 A. No.

09:46:59 25 Q. Okay. And does the email refresh your

Sara Do vs. Arizona Board of Regents  
Janine Carrasco

August 3, 2023

CV-22-00190-PHX-JJT  
63

1 STATE OF ARIZONA )

2 COUNTY OF MARICOPA )

3 BE IT KNOWN that the foregoing proceedings  
4 were taken before me; that the witness before testifying  
5 was duly sworn by me to testify to the whole truth; that  
6 the foregoing pages are a full, true, and accurate record  
7 of the proceedings all done to the best of my skill and  
8 ability; that the proceedings were taken down by me in  
9 shorthand and thereafter reduced to print under my  
10 direction.

11 I CERTIFY that I am in no way related to any  
12 of the parties hereto nor am I in any way interested in  
13 the outcome hereof.

14 ☐ Review and signature was requested.

15 ☐ Review and signature was waived.

16 ☒ Review and signature was not requested.

17 I CERTIFY that I have complied with the  
18 ethical obligations set forth in ACJA 7-206(F)(3) and  
19 ACJA 7-206 (J)(1)(g)(1) and (2). Dated at Phoenix,  
20 Arizona, this 15th day of August, 2023.

21

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Meri Coash, RMR, CRR

Certified Reporter

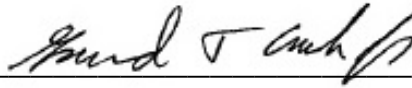
Arizona CR No. 50327

Sara Do vs. Arizona Board of Regents  
Janine Carrasco

August 3, 2023

CV-22-00190-PHX-JJT  
64

1 I CERTIFY that Coash & Coash, Inc., has  
2 complied with the ethical obligations set forth in  
3 ACJA 7-206 (J)(1)(g)(1) through (6).  
4

5  
6 

7 COASH & COASH, INC.

8 Registered Reporting Firm

9 Arizona RRF No. R1036  
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# **EXHIBIT 13**

Sara Do vs. Arizona Board of Regents  
Gabriela Novakova

August 3, 2023

CV-22-00190-PHX-JJT

IN THE UNITED STATES DISTRICT COURT

FOR THE DISTRICT OF ARIZONA

Sara Do, an individual,

Plaintiff,

v.

Arizona Board of Regents, an  
Arizona State Entity; et al.,

Defendants.

No.

CV-22-00190-PHX-JJT

IN THE SUPERIOR COURT OF THE STATE OF ARIZONA

IN AND FOR THE COUNTY OF MARICOPA

Sara Do, an individual,

Plaintiff,

v.

Arizona Board of Regents, an  
Arizona State Entity;  
Dr. Kimberly Day, an unmarried  
person; Dr. Salina Bednarek and  
Joshua Bednarek, wife and  
husband; Dr. Margaret Morris  
and Phillip Morris, wife and  
husband; Candace Keck and  
Jonathan Keck, wife and  
husband,

Defendants.

No. CV2022-009424

VIDEOTAPED  
DEPOSITION OF  
GABRIELA NOVAKOVA

Phoenix, Arizona

August 3, 2023

Prepared by:

Meri Coash, RMR, CRR  
Certified Reporter  
Certification No. 50327

**CERTIFIED  
TRANSCRIPT**

Sara Do vs. Arizona Board of Regents  
Gabriela Novakova

August 3, 2023

CV-22-00190-PHX-JJT  
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# I N D E X

WITNESS	PAGE
GABRIELA NOVAKOVA	
Examination by Mr. Messer	6
Examination by Mr. England	39
Examination by Mr. Fox	73
Further Examination by Mr. Messer	73

## EXHIBITS MARKED

EXHIBITS	DESCRIPTION	PAGE
Exhibit 33	Email from Novakova to Day, 7-25-21, Subject: FW: From Gabi - plastic OR case ABOR000560	23
Exhibit 34	Master Daily Schedule Valleywise-0211	34

Sara Do vs. Arizona Board of Regents  
Gabriela Novakova

August 3, 2023

CV-22-00190-PHX-JJT  
3

1 VIDEOTAPED DEPOSITION OF GABRIELA NOVAKOVA  
2 was taken on August 3, 2023, commencing at 2 p.m., at the  
3 law offices of Osborn Maledon, PA, 2929 North Central  
4 Avenue, Phoenix, Arizona, before Meri Coash, a Certified  
5 Reporter in the State of Arizona.

6

7

8

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9

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OSBORN MALEDON, PA

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Sara Do vs. Arizona Board of Regents  
Gabriela Novakova

August 3, 2023

CV-22-00190-PHX-JJT  
4

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8 Phoenix, Arizona 85004

9 602-224-0999

10 afox@cblawyers.com

11 Also present: Kwan Piensook, Esq.;

12 Daniel Rohan, videographer

13 Also present via Zoom: Sara Do, Johanna Hammel,

14 Amanda Gibson

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Sara Do vs. Arizona Board of Regents  
Gabriela Novakova

August 3, 2023

CV-22-00190-PHX-JJT  
15

14:13:44 1 A. Yes.

14:13:49 2 Q. I would like to ask now about a specific nursing  
14:14:08 3 student. Do you remember a nursing student named Sara Do?

14:14:11 4 A. Yes.

14:14:11 5 Q. What do you remember about that nursing student?

14:14:22 6 MR. FOX: Objection. Vague.

14:14:23 7 You can answer.

14:14:23 8 THE WITNESS: I don't remember much only  
14:14:27 9 because she was what feels something like maybe  
14:14:28 10 15 minutes. I just remember she was not interested in  
14:14:30 11 anything. That's mainly what stood out.

14:14:36 12 BY MR. MESSER:

14:14:37 13 Q. What makes you say she wasn't interested in  
14:14:39 14 anything?

14:14:39 15 A. Body language and her verbal -- verbal say-so.

14:14:45 16 Q. And what do you remember her saying that  
14:14:51 17 indicated to you that she wasn't interested in anything?

14:14:53 18 A. She said she doesn't want to do nursing or be a  
14:14:57 19 nurse. She wants to be in management. She just has to  
14:15:02 20 get clinical hours or, you know, get through the school.  
14:15:11 21 Not saying that word to word, but that's what I remember.

14:15:17 22 Q. Did she say to you that she didn't want to do  
14:15:33 23 patient care?

14:15:33 24 A. Yes.

14:15:34 25 Q. Do you remember anything else that she said to

Sara Do vs. Arizona Board of Regents  
Gabriela Novakova

August 3, 2023

CV-22-00190-PHX-JJT  
16

14:15:42 1 you?

14:15:43 2 A. Not in particular.

14:15:47 3 Q. Do you remember why Sara Do was in the OR with  
14:15:55 4 you that day?

14:15:57 5 A. Why?

14:15:57 6 Q. Yes.

14:15:59 7 A. She was assigned to me by her instructor for the  
14:16:03 8 case.

14:16:04 9 Q. Do you remember who the instructor was?

14:16:07 10 A. Kim Day.

14:16:10 11 Q. And was Kim Day also serving as charge nurse on  
14:16:15 12 this day?

14:16:16 13 A. Yes.

14:16:17 14 Q. Do you remember what Kim Day said to you when she  
14:16:32 15 assigned Sara Do to you?

14:16:34 16 A. Not exactly. No.

14:16:36 17 Q. Do you remember generally?

14:16:39 18 A. Something to the effect like "I'll just put her  
14:16:45 19 with you for this case." "I'm putting Sara with you for  
14:16:49 20 the case."

14:16:50 21 Q. Did she tell you anything about Sara Do when  
14:16:57 22 she --

14:16:58 23 A. No. I should say, like, I don't know. I'm not  
14:17:03 24 sure about that question. I mean, nothing that I can  
14:17:08 25 remember.

Sara Do vs. Arizona Board of Regents  
Gabriela Novakova

August 3, 2023

CV-22-00190-PHX-JJT  
17

14:17:08 1 Q. I can phrase it another way. Did she say  
14:17:12 2 anything to you other than "I'm assigning Sara Do to you  
14:17:16 3 for this case"?

14:17:20 4 A. No, except she just said that she can't be with  
14:17:27 5 her because she was in a case that was too hot for a  
14:17:32 6 student to be in.

14:17:33 7 Q. Was it unusual for Kim to assign students to you  
14:18:00 8 in the OR?

14:18:01 9 MR. FOX: Objection. Vague.

14:18:05 10 You can answer.

14:18:05 11 THE WITNESS: I don't understand the  
14:18:06 12 question.

14:18:06 13 BY MR. MESSER:

14:18:07 14 Q. Sure. Was there anything out of the ordinary in  
14:18:12 15 your interaction with Kim Day when she was assigning Sara  
14:18:15 16 Do to you for the OR?

14:18:17 17 A. No.

14:18:17 18 Q. We talked a little bit about what Sara Do said to  
14:18:31 19 you in the OR. Do you remember anything about how she  
14:18:34 20 acted when she was in the OR?

14:18:38 21 A. She looked disinterested in anything.

14:18:42 22 Q. And you mentioned part of that was her body  
14:18:50 23 language. Can you describe that a little bit more?

14:18:52 24 A. She would turn away from, you know, the patient,  
14:18:59 25 the staff.

Sara Do vs. Arizona Board of Regents  
Gabriela Novakova

August 3, 2023

CV-22-00190-PHX-JJT  
18

14:18:59 1 Q. Anything else?

14:19:07 2 A. I'm trying to think. It's been a long time. I  
14:19:20 3 can't recall anything else.

14:19:21 4 Q. Okay. Do you know whether Sara Do was in the  
14:19:28 5 operating room for that entire surgery that you were in?

14:19:31 6 A. In my surgery I was in?

14:19:33 7 Q. Yes.

14:19:34 8 A. No, she was not.

14:19:43 9 Q. So did she leave the OR before the surgery was  
14:19:46 10 done?

14:19:46 11 A. Yes.

14:19:46 12 Q. Do you remember how far into the surgery she --  
14:19:55 13 or how much time had elapsed in that surgery before she  
14:19:58 14 left?

14:19:58 15 A. I can't remember exactly. It just seemed like  
14:20:06 16 very short. It seemed it was like 10, 15 minutes when she  
14:20:10 17 left. Very shortly. Wasn't there at all.

14:20:13 18 Q. Did she -- this time that she left 10 or  
14:20:23 19 15 minutes after things had started, did she come back to  
14:20:25 20 the OR?

14:20:26 21 A. Yes.

14:20:27 22 Q. Do you remember about how long she was out of the  
14:20:31 23 OR?

14:20:32 24 A. I can't, but not long.

14:20:37 25 Q. Did Sara Do leave the OR again after she came

Sara Do vs. Arizona Board of Regents  
Gabriela Novakova

August 3, 2023

CV-22-00190-PHX-JJT  
19

14:20:47 1 back?

14:20:47 2 A. Yes.

14:20:48 3 Q. Do you remember about how long after she returned

14:20:51 4 she left again?

14:20:54 5 A. I can't. Five minutes. Not long after.

14:21:01 6 Q. And did she come back this time?

14:21:03 7 A. No.

14:21:03 8 Q. What did you do when she didn't come back to the

14:21:10 9 OR?

14:21:10 10 A. Well, what did I do? I just -- I -- at some

14:21:20 11 point when I had a second, I just called her instructor,

14:21:24 12 just saying the student left the room and just I don't

14:21:27 13 know where she is, so she wasn't coming back. And I --

14:21:31 14 yeah. That's all I know. I mean, that's, I guess, all I

14:21:35 15 can think of.

14:21:35 16 Q. Her instructor was Kim Day, correct?

14:21:50 17 A. Yes.

14:21:50 18 Q. Did you call Kim Day's personal phone to let her

14:21:53 19 know that Sara Do had left?

14:21:55 20 A. The Ascom or the hospital phone, little phones we

14:22:00 21 all have.

14:22:01 22 Q. What was the word?

14:22:04 23 A. Ascom.

14:22:08 24 Q. As I understand it, that's a phone that Kim Day

14:22:11 25 as charge nurse would have?

Sara Do vs. Arizona Board of Regents  
Gabriela Novakova

August 3, 2023

CV-22-00190-PHX-JJT  
23

14:27:24 1 THE COURT REPORTER: Yes -- No. 33.  
2 MR. MESSER: Oh, 33. All right.  
3 (Deposition Exhibit 33 was marked for  
14:27:25 4 identification.)  
14:27:25 5 BY MR. MESSER:  
14:27:33 6 Q. Okay. The court reporter just handed you what is  
14:27:38 7 Exhibit 33. It's an email that's Bates-stamped in the  
14:27:41 8 bottom right corner ABOR000560. Ms. Novakova, do you  
14:27:48 9 recognize what this is?  
14:27:49 10 A. Yes.  
14:27:49 11 Q. What is it?  
14:27:51 12 A. A letter I wrote -- wrote to -- a letter I wrote.  
14:27:56 13 Q. Who did you send it to?  
14:27:59 14 A. To the instructor.  
14:28:01 15 Q. And that's Kim Day?  
14:28:02 16 A. Yes.  
14:28:03 17 Q. And so on the top -- the top From line says  
14:28:08 18 "Gabriella Novakova." And is that your email address?  
14:28:12 19 A. The work email address, yes.  
14:28:14 20 Q. And the top email is actually you forwarding the  
14:28:23 21 main body of the email, correct?  
14:28:29 22 A. One more time?  
14:28:31 23 Q. You -- It looks to me -- and you can correct me  
14:28:34 24 if I am wrong -- you originally typed out an email to Kim  
25 Day.

Sara Do vs. Arizona Board of Regents  
Gabriela Novakova

August 3, 2023

CV-22-00190-PHX-JJT  
25

14:29:48 1 BY MR. MESSER:

14:29:56 2 Q. Did Kim Day tell you what to say in this email?

14:30:00 3 A. No.

14:30:01 4 Q. Did anyone tell you what to say in this email?

14:30:11 5 A. No.

14:30:12 6 Q. Do you remember about how long after you last saw

14:30:37 7 Sara Do you wrote this email?

14:30:39 8 A. I don't even know if it was the same day. Either

14:30:48 9 later that day -- It must have been later that shift. I

14:31:03 10 could probably look. Yeah.

11 (Clarification requested by the court  
12 reporter.)

13 THE WITNESS: I said I could probably look  
14:31:04 14 the date I sent it, yeah. It was later that day.

15 BY MR. MESSER:

14:31:05 16 Q. And are you looking at the --

17 A. Yeah.

14:31:07 18 Q. -- Saturday, July 24th, 2021, at 12:12 p.m.?

14:31:11 19 A. Uh-huh. Yes.

14:31:11 20 Q. We've done a lot of talking about the email, so  
14:31:17 21 now I'm going to ask you some questions about what it  
14:31:20 22 says. If you go to the very end of the second line, into  
14:31:28 23 the third, you wrote, ". . . in my whole career I have  
14:31:32 24 never met a student like Sara." Do you see that?

14:31:35 25 A. Let me find it. Yes.

Sara Do vs. Arizona Board of Regents  
Gabriela Novakova

August 3, 2023

CV-22-00190-PHX-JJT  
29

14:36:18 1 crying or something. Or she just looked, like, different.

14:36:24 2 So I don't know. I don't know. Again, I haven't talked

14:36:29 3 to her about it.

14:36:30 4 Q. Did she say anything to you when she came back?

14:36:33 5 A. She just came back, and I remember asking -- I

14:36:41 6 mean, I looked at her, and she -- I think she said she

14:36:44 7 didn't feel good or something. But I can't remember

14:36:47 8 exactly what it was.

14:36:49 9 Q. And then when -- the second time she left the

14:36:51 10 room, did she say anything before she left?

14:36:53 11 A. I don't -- I can't remember. All I know is we

14:36:57 12 had this little -- where she said she didn't feel good.

14:37:00 13 Q. Does this email accurately reflect your

14:37:22 14 experience with Sara Do in the operating room that day?

14:37:25 15 MR. FOX: Objection. Vague.

14:37:33 16 Go ahead.

14:37:33 17 THE WITNESS: I don't know. I'm not sure

14:37:34 18 what -- I mean, I don't know if you want to ask -- I

14:37:36 19 don't know what you mean by that. I mean, this was my --

14:37:41 20 the brief experience and the first of the impressions that

14:37:43 21 I had of Sara.

14:37:45 22 BY MR. MESSER:

14:37:45 23 Q. Sure. I can be a little more blunt.

14:37:47 24 A. Yeah.

14:37:47 25 Q. Did you write anything untrue in this email?



Sara Do vs. Arizona Board of Regents  
Gabriela Novakova

August 3, 2023

CV-22-00190-PHX-JJT  
30

14:37:49 1 A. No.

14:37:49 2 Q. Is there anything else that you remember about  
14:37:57 3 Sara Do that we haven't talked about today or isn't in  
14:38:00 4 this email?

14:38:01 5 MR. FOX: Objection. Vague.

14:38:05 6 THE WITNESS: Like specifics? I mean, I  
14:38:10 7 don't recall anything -- anything -- anything else. She  
14:38:17 8 spent very little time with me, so . . .

14:38:23 9 BY MR. MESSER:

14:38:24 10 Q. Did you ever invite Sara Do to the PACU?

14:38:30 11 A. To PACU?

14:38:34 12 Q. Yes.

14:38:35 13 A. I don't remember. She wasn't with me the whole  
14:38:38 14 case, so -- so she would only go there if she went with  
14:38:44 15 the patient, but I can't remember.

14:38:46 16 Q. Are you aware that after Sara Do left the surgery  
14:38:58 17 she was in with you, she attended another surgery?

14:39:01 18 A. No.

14:39:02 19 Q. Are you aware that she later left the Valleywise  
14:39:05 20 hospital altogether?

14:39:07 21 MR. FOX: Objection. Vague as to time.

14:39:09 22 MR. ENGLAND: Join.

14:39:10 23 BY MR. MESSER:

14:39:11 24 Q. From that second surgery, are you aware that Sara  
14:39:13 25 Do left Valleywise altogether?

Sara Do vs. Arizona Board of Regents  
Gabriela Novakova

August 3, 2023

CV-22-00190-PHX-JJT  
76

1 STATE OF ARIZONA )

2 COUNTY OF MARICOPA )

3 BE IT KNOWN that the foregoing proceedings  
4 were taken before me; that the witness before testifying  
5 was duly sworn by me to testify to the whole truth; that  
6 the foregoing pages are a full, true, and accurate record  
7 of the proceedings all done to the best of my skill and  
8 ability; that the proceedings were taken down by me in  
9 shorthand and thereafter reduced to print under my  
10 direction.

11 I CERTIFY that I am in no way related to any  
12 of the parties hereto nor am I in any way interested in  
13 the outcome hereof.

14 ☐ Review and signature was requested.

15 ☐ Review and signature was waived.

16 ☒ Review and signature was not requested.

17 I CERTIFY that I have complied with the  
18 ethical obligations set forth in ACJA 7-206(F)(3) and  
19 ACJA 7-206 (J)(1)(g)(1) and (2). Dated at Phoenix,  
20 Arizona, this 15th day of August, 2023.

21  
22 

23 Meri Coash, RMR, CRR

24 Certified Reporter

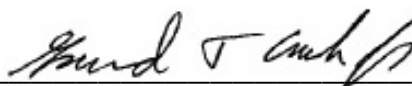
25 Arizona CR No. 50327

Sara Do vs. Arizona Board of Regents  
Gabriela Novakova

August 3, 2023

CV-22-00190-PHX-JJT  
77

1 I CERTIFY that Coash & Coash, Inc., has  
2 complied with the ethical obligations set forth in  
3 ACJA 7-206 (J)(1)(g)(1) through (6).  
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COASH & COASH, INC.

Registered Reporting Firm

Arizona RRF No. R1036  
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# **EXHIBIT 14**

Sara Do vs. Arizona Board of Regents  
Reaia Reaves

October 17, 2023

CV-22-00190-PHX-JJT

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## UNITED STATES DISTRICT COURT

for the

DISTRICT OF ARIZONA

Sara Do, an individual,

Plaintiff,

v.

Arizona Board of Regents, an  
Arizona State Entity; et al.,

Defendants.

No.

CV-22-00190-PHX-JJT

IN THE SUPERIOR COURT OF THE STATE OF ARIZONA

IN AND FOR THE COUNTY OF MARICOPA

Sara Do, an individual,

Plaintiff,

v.

Arizona Board of Regents, an  
Arizona state entity;  
Dr. Kimberly Day, an unmarried  
person; Dr. Salina Bednarek and  
Joshua Bednarek, wife and  
husband; Dr. Margaret Morris  
and Phillip Morris, wife and  
husband; Candace Keck and  
Jonathan Keck, wife and  
husband,

Defendants.

No. CV2022-009424

VIDEO-RECORDED  
DEPOSITION OF  
REAIA REAVES

Phoenix, Arizona

October 17, 2023

Prepared by:

Meri Coash, RMR, CRR  
Certified Reporter  
Certification No. 50327**CERTIFIED  
TRANSCRIPT**

Sara Do vs. Arizona Board of Regents  
Reaia Reaves

October 17, 2023

CV-22-00190-PHX-JJT  
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## I N D E X

WITNESS	PAGE
REAIA REAVES	
Examination by Ms. Windtberg	6
Examination by Ms. Black	53
Examination by Mr. Fox	66
Further Examination by Ms. Black	73

## EXHIBITS MARKED

EXHIBITS	DESCRIPTION	PAGE
Exhibit 36	Email dated 7-24-21, Subject: Clinical Student Concern ABOR000557	34
Exhibit 37	Master Daily Schedule dated 7-24-21 Valleywise-0211	68

Sara Do vs. Arizona Board of Regents  
Reaia Reaves

October 17, 2023

CV-22-00190-PHX-JJT  
3

1 VIDEO-RECORDED DEPOSITION OF REAIA REAVES  
2 was taken on October 17, 2023, commencing at 4:39 p.m., at  
3 1008 Lexington Drive, Eden Prairie, Minnesota, before  
4 Meri Coash, a Certified Reporter in the State of Arizona  
5 (via videoconference).

6 \* \* \* \*

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Sara Do vs. Arizona Board of Regents  
Reaia Reaves

October 17, 2023

CV-22-00190-PHX-JJT  
4

1 APPEARANCES (CONTINUED):

Also Present (All Via Videoconference):  
2 Sara Trower, Esq.; Kwan Piensook, Esq.;  
3 Johanna Hammel; Sara Do; Daniel Rohan,  
videographer  
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Sara Do vs. Arizona Board of Regents  
Reaia Reaves

October 17, 2023

CV-22-00190-PHX-JJT  
20

17:00:17 1 Q. And do you recall what that student's name was?

17:00:23 2 A. I don't recall her name.

17:00:24 3 Q. If I told you that her name was Sara Do, would  
17:00:27 4 that sound familiar to you at all?

17:00:30 5 A. I mean, again, I don't really remember her name  
17:00:33 6 exactly. Yeah. Sorry about that.

17:00:37 7 Q. No need to apologize.

17:00:40 8 So you said you did remember there was a  
17:00:46 9 student who was there on the weekend. What do you recall  
17:00:49 10 about that student?

17:00:50 11 A. I believe -- So Kimberly Day, she was the one  
17:00:53 12 who would bring us students typically. And I just know  
17:00:56 13 because I've worked with her on the weekends. And so I do  
17:01:01 14 recall her bringing a student one weekend who came into  
17:01:05 15 the operating room with me to, you know, just shadow. And  
17:01:09 16 I gave her the same instructions as everybody else, you  
17:01:11 17 know, "If you're not feeling well, let me know because I  
17:01:14 18 can either have you sit down or you can go outside of the  
17:01:18 19 room." And during this time, I believe it was kind of  
17:01:22 20 like the height of the COVID epidemic or pandemic -- I  
17:01:27 21 don't know really what you would call it -- but I know we  
17:01:30 22 had, like, you know, personal protective equipment  
17:01:33 23 outside. This is a time when anybody coming into or out  
17:01:36 24 of the operating room had to stay in for 20 minutes after  
17:01:39 25 intubation because it's an aerosolizing procedure. You

Sara Do vs. Arizona Board of Regents  
Reaia Reaves

October 17, 2023

CV-22-00190-PHX-JJT  
21

17:01:43 1 had to stay in 20 minutes after because that's also -- or  
17:01:47 2 after extubation because that's an aerosolizing procedure.  
17:01:53 3 So there were a lot of, like, things that were extra I had  
17:01:55 4 to explain during that time, because technically -- with  
17:01:58 5 COVID because it was, like, there was a lot of unknowns  
17:02:02 6 about it. We weren't able to just go in and out of the  
17:02:05 7 room as freely as we used to be in certain instances.

17:02:13 8 But yes, I do remember that Kimberly had a  
17:02:20 9 student who came in one weekend. I gave her all of the  
17:02:22 10 instructions, you know, "If you need to leave, let me  
17:02:25 11 know." She did let me know that she needed to leave. She  
17:02:28 12 said, "I have to go to the restroom." And then I just  
17:02:31 13 remember that she kind of never came back. And I didn't  
17:02:34 14 receive any follow-up, so when I did see Kimberly after  
17:02:38 15 that surgical case, I did kind of find her and let her  
17:02:42 16 know, "Hey, I haven't seen your student. I don't know if  
17:02:45 17 she came and spoke with you. But, you know, like, I  
17:02:49 18 haven't seen her anywhere, so you might want to look for  
17:02:52 19 her or give her a call."

17:02:53 20 Q. I'm going to go back -- back through some of that  
17:03:00 21 in a little more detail. I appreciate that.

17:03:03 22 Do you -- Well, let me start very basic.

17:03:12 23 Do you recall the specific day that this  
17:03:16 24 student was in the OR shadowing you?

17:03:18 25 A. I don't recall the specific day.

Sara Do vs. Arizona Board of Regents  
Reaia Reaves

October 17, 2023

CV-22-00190-PHX-JJT  
33

17:18:58 1 her would be basically explaining what was going on  
17:19:02 2 through the surgery. And I don't recall what the surgery  
17:19:08 3 actually was, so sorry, I can't give you more information  
17:19:13 4 on that.

17:19:14 5 Q. You said, though, that at -- at some point she  
17:19:17 6 told you she needed to go to the restroom. Is that  
17:19:19 7 correct?

17:19:19 8 A. Yes. Yes. She asked me if it would be okay to  
17:19:22 9 go to the restroom. I said, "Yeah, that's no problem.  
17:19:26 10 You can go. You know, if you get lost, find somebody in  
17:19:29 11 the hallways. They could point you back in the direction  
17:19:32 12 of the OR."

17:19:33 13 Q. When she asked to go to the restroom, did she  
17:19:37 14 tell you that she wasn't feeling well?

17:19:40 15 A. I don't think she -- I don't recall her  
17:19:42 16 mentioning that she wasn't feeling well. And I assumed  
17:19:46 17 that she would be coming back to the operating room.

17:19:49 18 Q. When -- when she left for the restroom, did she  
17:19:55 19 tell you that she was leaving the facility?

17:19:57 20 A. She did not.

17:20:01 21 Q. How long do you think you were in the operating  
17:20:06 22 room with the student before she asked to go to the  
17:20:09 23 restroom and then left?

17:20:11 24 A. Maybe 15 or 20 minutes. I don't recall it being  
17:20:15 25 a very long time.

Sara Do vs. Arizona Board of Regents  
Reaia Reaves

October 17, 2023

CV-22-00190-PHX-JJT  
34

17:20:16 1 Q. Do you recall who else was in the operating room  
17:20:31 2 with you and the student that day?

17:20:34 3 A. I don't recall who the members of the surgical  
17:20:37 4 team were that day.

17:20:38 5 Q. I'm going to show you what we'll mark as Exhibit  
17:20:52 6 Number 36 for your deposition. We have marked exhibits  
17:20:54 7 previously. That's why we're on Number 36.

8 (Deposition Exhibit 36 was marked for  
9 identification.)

10 BY MS. WINDTBERG:

17:20:57 11 Q. What I'm going to do is go ahead and share it on  
17:21:01 12 my screen and hopefully you can see it. Let me know if  
17:21:05 13 you can't. So let me get that pulled up.

17:21:14 14 Can you see a document on my screen?

17:21:17 15 A. Yes.

17:21:19 16 MS. WINDTBERG: And for the record, Exhibit  
17:21:21 17 Number 36 is marked as ABOR000557. And I'm just referring  
17:21:31 18 to the numbers in the bottom right corner of the document,  
17:21:34 19 Ms. Reaves, so you know what I'm talking about.

17:21:39 20 BY MS. WINDTBERG:

17:21:39 21 Q. Do you recognize the document that's been marked  
17:21:41 22 as Exhibit Number 36?

17:21:42 23 A. Yes. Because I've only had to write an email to  
17:21:49 24 anybody once about a student not returning to a surgical  
17:21:54 25 case.

Sara Do vs. Arizona Board of Regents  
Reaia Reaves

October 17, 2023

CV-22-00190-PHX-JJT  
35

17:21:54 1 Q. What is -- what is Exhibit Number 36?

17:21:58 2 A. So this would be an email I sent to Kim -- Kim  
17:22:06 3 Day just to let her know about the student leaving. Let's  
17:22:17 4 see. Yeah. So -- Oh, yeah. I guess I kind of spelled  
17:22:20 5 it out when she had left.

17:22:21 6 Q. And just so that our -- our record is clear, the  
17:22:27 7 email is sent from a Valleywise email address,  
17:22:37 8 reaia.reaves@valleywisehealth.org. Do you see that?

17:22:40 9 A. Yes, that's correct.

17:22:41 10 Q. Was -- was that your email address when you  
17:22:44 11 worked for Valleywise?

17:22:45 12 A. Yes, that was.

17:22:46 13 Q. And it's an email to Kimberly Day sent on  
17:22:50 14 July 24th of 2021. Do you see that?

17:22:52 15 A. Yes, I do.

17:22:53 16 Q. Is July 24th of 2021 -- do you know, is that the  
17:23:02 17 day that the student was in the operating room with you?

17:23:07 18 A. Yes, I would assume so, because I remember I  
17:23:10 19 wrote this email on the same day after the surgical case  
17:23:15 20 had finished and I had spoken with Kim.

17:23:19 21 Q. Did you speak with Kim Day before you sent this  
17:23:28 22 email?

17:23:28 23 A. I spoke with her regarding -- like, just, you  
17:23:33 24 know, going to ask her if she had seen the student or if  
17:23:37 25 she had spoken to her or -- She said, "No. You can't

Sara Do vs. Arizona Board of Regents  
Reaia Reaves

October 17, 2023

CV-22-00190-PHX-JJT  
36

17:23:41 1 find her?" Like, you know, "Did she get lost or . . ."

17:23:44 2 I was like, "Well, you know, no. She went  
17:23:47 3 to the restroom, and she kind of just never came back, so  
17:23:51 4 I just wanted to, you know, know if you were aware," or,  
17:23:54 5 you know, like, was this something that she didn't know.

17:23:57 6 And she didn't know that the student had left. So I told  
17:24:00 7 her, "Okay." And I do remember saying, "Did you want me  
17:24:08 8 to put something in writing for you just so you know?"

17:24:10 9 And she said, "Oh, sure. If you'd write me  
17:24:13 10 an email to let me know, you know, what happened, that'd  
17:24:15 11 be great."

17:24:16 12 And so I said, "Okay. Sure."

17:24:20 13 Q. Did Kim Day tell you what to write in your email?

17:24:24 14 A. No, she didn't.

17:24:26 15 Q. But you asked her if she wanted you to send her  
17:24:31 16 something in writing about the student?

17:24:33 17 A. Yes. Yes. Because I -- I wasn't sure if that  
17:24:38 18 student was coming back. And I do remember that the staff  
17:24:44 19 was, like, kind of questioning me about it. Like, "Oh,  
17:24:48 20 what happened to your student?"

17:24:49 21 You know, I was like, "I don't know. I  
17:24:51 22 think she said she had to go to the restroom or  
17:24:54 23 something." I was like, "I don't know. Maybe she just,  
17:24:55 24 you know, wasn't feeling well and she left." So yeah, I  
17:24:58 25 don't -- yeah.

Sara Do vs. Arizona Board of Regents  
Reaia Reaves

October 17, 2023

CV-22-00190-PHX-JJT  
37

17:24:59 1 Q. But you don't recall her telling you that she  
17:25:01 2 wasn't feeling well, I believe was your testimony,  
17:25:05 3 correct?

17:25:05 4 A. Yes. Yeah. She didn't say anything about not  
17:25:08 5 feeling well.

17:25:09 6 Q. The conversation that you had with Kim about  
17:25:15 7 letting her know that the student had left and, you know,  
17:25:19 8 asking her if she was aware, was that an in-person  
17:25:24 9 conversation?

17:25:25 10 A. Yes, that was.

17:25:27 11 Q. And when did that conversation take place?

17:25:34 12 A. After the surgery was finished and the patient,  
17:25:40 13 you know, was out of the room and in recovery.

17:25:42 14 Q. So I want to go through this exhibit with you a  
17:25:53 15 little bit. If you look at the first sentence in the  
17:25:59 16 email, it says, "I just wanted to make the program and you  
17:26:04 17 aware that today when the student, Sara, was shadowing in  
17:26:08 18 my room today, she abruptly exited the room without  
17:26:12 19 warning." And we've talked about how she left.

17:26:18 20 You say "without warning." But she did ask  
17:26:21 21 if she could go to the restroom. Is that correct?

17:26:24 22 A. So reading this email, I don't -- You know, this  
17:26:28 23 was two years ago, so I would think she had said she had  
17:26:32 24 to go to the restroom. But in this email, I put that she  
17:26:36 25 had left without warning. I would never have written that

Sara Do vs. Arizona Board of Regents  
Reaia Reaves

October 17, 2023

CV-22-00190-PHX-JJT  
38

17:26:41 1 if, you know, she hadn't left without warning. So yeah,  
17:26:47 2 I'm guessing that she did leave without warning. I do  
17:26:50 3 remember this whole incident. I just, you know -- yeah, I  
17:26:55 4 would guess that she had left without warning if that's  
17:26:57 5 what I had written in the email.

17:26:58 6 Q. So it's -- it's possible that she didn't ask you  
17:27:02 7 if she could go to the restroom?

17:27:04 8 A. That's correct.

17:27:04 9 Q. Do you recall anything else about anything she  
17:27:11 10 may or may not have said to you before she left the  
17:27:13 11 operating room, having looked at this email now?

17:27:16 12 A. No. I think it was probably a lot of -- kind of  
17:27:24 13 like when I was explaining the surgery and stuff to her,  
17:27:27 14 more just like head nodding and just like "uh-hum," but,  
17:27:32 15 like, I do remember she wasn't very interactive, and then  
17:27:36 16 kind of like I said in the email, like she didn't have  
17:27:38 17 very much interest in the operating room, so . . .

17:27:43 18 Q. And -- and what made you think she didn't have  
17:27:45 19 very much interest in the operating room?

17:27:50 20 A. Because usually people will ask questions and  
17:27:52 21 they'll kind of like be interested to stand closer. Or,  
17:27:56 22 you know, the CRNAs, a lot of times they offer, "Do you  
17:28:00 23 want to see this patient be intubated?" So they'll offer  
17:28:04 24 people the opportunity to come and stand at the head of  
17:28:09 25 the bed. And so yeah, I'm -- I'm just guessing she



Sara Do vs. Arizona Board of Regents  
Reaia Reaves

October 17, 2023

CV-22-00190-PHX-JJT  
39

17:28:12 1 probably wasn't interested in any of that, so -- and she  
17:28:16 2 probably showed the lack of interest just because, you  
17:28:20 3 know, she didn't ask -- ask any questions and she wasn't  
17:28:25 4 interested in coming closer to the surgical field and  
17:28:28 5 observing.

17:28:29 6 Q. She -- she didn't step up closer to the surgical  
17:28:34 7 field?

17:28:34 8 A. Yeah. Like, when asked to come up closer. Which  
17:28:37 9 is fine too, because some people, you know, they're  
17:28:40 10 intimidated by surgery and that's okay. So it's not  
17:28:44 11 something that you make somebody do.

17:28:45 12 Q. Do you recall if somebody asked Ms. Do to step  
17:28:49 13 closer to the surgical field to observe?

17:28:51 14 A. Depending on what doctor it was, usually they do  
17:28:57 15 say, "Hey, do you want to come up here and see what we're  
17:29:00 16 doing?"

17:29:01 17 And then the CRNAs will typically allow the  
17:29:05 18 students to come and stand up at the head of the bed with  
17:29:07 19 them. And I see in my email I had mentioned the CRNAs, so  
17:29:13 20 they probably had, you know, asked her at one point to  
17:29:16 21 come up and, you know -- or let her know that she was free  
17:29:20 22 to come up with them and observe from the top area where  
17:29:25 23 she'd be able to observe and see more things.

17:29:28 24 Q. In the surgical -- in the operating room where  
17:29:32 25 the surgery was happening, am I understanding correctly

Sara Do vs. Arizona Board of Regents  
Reaia Reaves

October 17, 2023

CV-22-00190-PHX-JJT  
40

17:29:35 1 that the CRNA would be located at the head of the bed?

17:29:39 2 A. That's correct. Yes.

17:29:39 3 Q. And then you said you were more towards the foot  
17:29:42 4 of the bed in the corner?

17:29:43 5 A. Yes. Correct.

17:29:45 6 Q. And then the student would've been near you, I  
17:29:48 7 believe you said. Is that correct?

17:29:50 8 A. That's correct. Yes.

17:29:52 9 Q. Before the student left the operating room, did  
17:29:55 10 you hear her tell anyone else that she was leaving?

17:29:59 11 A. No. I mean, yeah, usually -- I guess maybe I  
17:30:06 12 thought she asked me to go to the restroom because that's  
17:30:08 13 part of my instructions for them, is that "If you have to  
17:30:12 14 leave the operating room, please, just come and let me  
17:30:18 15 know." So that's probably why, you know, I would have  
17:30:19 16 thought that she would've have asked to go to the  
17:30:21 17 restroom.

17:30:22 18 But yes, I don't think she let anybody else  
17:30:25 19 know that she was leaving or let anybody know at all, now  
17:30:30 20 that I'm reading this email.

17:30:32 21 Q. Let's -- let's -- let's turn back to the email  
17:30:34 22 for a minute. In the second sentence in the first  
17:30:39 23 paragraph of the email, you say, "We came back to the  
17:30:43 24 operating room with our patient at around 10 a.m. Sara  
17:30:48 25 stayed for the intubation. After intubation, Sara walked

Sara Do vs. Arizona Board of Regents  
Reaia Reaves

October 17, 2023

CV-22-00190-PHX-JJT  
41

17:30:52 1 out of the room leaving behind her lead vest without a  
17:30:57 2 word." Did I read that correctly?

17:30:59 3 A. That's correct. Uh-huh.

17:31:02 4 Q. You mentioned a "lead vest." Do you have any  
17:31:04 5 recollection of why the student would have had a lead vest  
17:31:07 6 on?

17:31:07 7 A. Yes. So if the case was a surgical case with any  
17:31:11 8 x-raying, which -- if it's a trauma and, you know, they're  
17:31:16 9 suspecting broken ribs or broken bones or anything like  
17:31:19 10 that, we would put on an x-ray vest, and the C-arm or the  
17:31:26 11 x-ray team would come in and shoot images. So everybody  
17:31:30 12 in the room has to wear a vest to shield themselves from the  
17:31:34 13 radiation of x-rays.

17:31:35 14 Q. Do you know what a fluoroscopy is?

17:31:39 15 A. Yes.

17:31:39 16 Q. What is it?

17:31:40 17 A. Fluoroscopy is when they, you know, put this wire  
17:31:46 18 insi- -- well, I guess maybe not a wire, but a catheter  
17:31:49 19 inside the patient, and they do a fluoro luminescence.  
17:31:53 20 Like, they light up an area with fluorescein, which is  
17:31:57 21 the -- that's the, like, medication they inject. And it's  
17:32:00 22 when they're trying to see if there might be a leak or  
17:32:03 23 something like that, if there's an issue going on with any  
17:32:06 24 of the ureters or vessels or anything like that inside of  
17:32:10 25 a patient.

Sara Do vs. Arizona Board of Regents  
Reaia Reaves

October 17, 2023

CV-22-00190-PHX-JJT  
42

17:32:10 1 Q. Would -- would the individuals in the operating  
17:32:15 2 room, other than the patient, be required to wear a lead  
17:32:19 3 vest if fluoroscopy was being done?

17:32:22 4 A. Yes. Everyone in the operating room, aside from  
17:32:26 5 the patient, would have a lead vest on.

17:32:30 6 Q. And do you know if the patient in this particular  
17:32:34 7 surgery was undergoing a fluoroscopy?

17:32:40 8 A. I don't recall.

17:32:45 9 Q. The next sentence of your email says, "I assumed  
17:32:48 10 that she . . . left for the restroom. However, 10 minutes  
17:32:51 11 later, the student still had not returned."

17:32:53 12 Does that refresh your recollection at all  
17:32:54 13 about whether or not she asked if she could go to the  
17:32:57 14 restroom?

17:32:57 15 A. Yes. I mean, I -- I guess I just was thinking  
17:33:02 16 she left to go to the restroom or something. Because it's  
17:33:07 17 just unusual for somebody to walk out of the room and not  
17:33:12 18 say anything. That would be an unusual situation.

17:33:15 19 Q. If she had left to go to the restroom, could she  
17:33:20 20 have reentered the operating room afterwards?

17:33:23 21 A. Yes. And I had let her know, just like I let all  
17:33:27 22 of the other students I have know, that, like, you know,  
17:33:31 23 "You can come back in. Just if you get lost" -- because a  
17:33:34 24 lot of people get lost in the corridors from the way  
17:33:38 25 they're set up. So I just instruct them, you know, "If

Sara Do vs. Arizona Board of Regents  
Reaia Reaves

October 17, 2023

CV-22-00190-PHX-JJT  
43

17:33:40 1 you get lost, have somebody help you back in." And then I  
17:33:44 2 explained also not to come through the outer doors into  
17:33:46 3 the operating room because that breaks sterility -- or it  
17:33:50 4 can. I just explain, you know, "Come from the inner core  
17:33:54 5 and not from the outer core."

17:33:57 6 Q. And just so that I better understand what that  
17:34:02 7 means, if -- if a student -- the student had left to go to  
17:34:06 8 the restroom, would she have been able to access those  
17:34:10 9 doors to the inner core to return, then?

17:34:12 10 A. Yes. So for the operating room, there's, like,  
17:34:18 11 one way in, one way out. They're not blocked out, so  
17:34:24 12 technically, you could enter from any of the doors, but  
17:34:28 13 just proper protocol, you enter in from the sterile core,  
17:34:32 14 and if you're leaving to do anything, go to the restroom,  
17:34:34 15 take your breaks, anything like that, you would exit  
17:34:37 16 from -- through the -- the outer core, which is the dirty  
17:34:40 17 side. And so, yeah, those are the doors you'd go out of.  
17:34:44 18 And then you just go all the way around the operating room  
17:34:47 19 and then you can come back in through the locker rooms,  
17:34:50 20 which lead into the sterile core.

17:34:52 21 Q. Your email also mentions that "The CRNA as well  
17:35:07 22 as the surgical team questioned where the student had  
17:35:10 23 went, as they were trying to inform her about the  
17:35:14 24 procedure." Do you see that?

17:35:15 25 A. Uh-huh.

Sara Do vs. Arizona Board of Regents  
Reaia Reaves

October 17, 2023

CV-22-00190-PHX-JJT  
44

17:35:15 1 Q. Do you specifically recall the CRNA asking about  
17:35:19 2 where Ms. Do had gone?

17:35:21 3 A. Yeah. I -- I mean, I don't really recall it,  
17:35:27 4 but, you know, reading this, I see that, yeah, they would  
17:35:33 5 have questioned me as to where she went because everybody  
17:35:36 6 else noticed that there wasn't a student in the room  
17:35:39 7 anymore.

17:35:39 8 Q. Do you recall who the CRNA was during that  
17:35:44 9 surgery?

17:35:44 10 A. I do not.

17:35:45 11 Q. And do you recall anything specifically about  
17:35:51 12 what either the CRNA or the surgical team asked about --  
17:35:56 13 about the student?

17:35:57 14 A. I feel like I just remember them being like,  
17:36:02 15 "Hey, where did your student go?" You know. Like or  
17:36:04 16 "Didn't we have a student in the room?" Something along  
17:36:07 17 those lines. Because it's pretty notable -- you know,  
17:36:11 18 it's pretty noticeable when you have a student and then  
17:36:14 19 they're gone, because they go into a lot more depth in  
17:36:18 20 explaining when there's students, so usually there's a lot  
17:36:21 21 more talking and, like, "Oh, do you want to come and see  
17:36:24 22 this?" You know. So . . .

17:36:27 23 Q. Your email goes on to say that after ". . . this  
17:36:32 24 point, another surgical nurse entered the operating room  
17:36:36 25 to inform me that the student's OR scrubs were left on the

Sara Do vs. Arizona Board of Regents  
Reaia Reaves

October 17, 2023

CV-22-00190-PHX-JJT  
45

17:36:39 1 locker room bench and her belongings were gone." Do you  
17:36:43 2 see that in the email?

17:36:44 3 A. Uh-huh.

17:36:44 4 Q. Do you recall that happening during the surgery?

17:36:46 5 A. I do remember somebody coming into my room to  
17:36:52 6 say, "Hey, I think maybe your student left because her  
17:36:56 7 scrubs are on the bench."

17:36:59 8 And I said, "Oh, okay. Thanks for letting  
17:37:03 9 me know." You know, like, I guess I'll talk to Kim after  
17:37:07 10 this is done or when I go on break, you know.

17:37:09 11 Q. Did you reach out to Kim during the surgery to  
17:37:11 12 let her know what that nurse had told you?

17:37:14 13 A. I probably told that nurse who came and told  
17:37:17 14 me -- because I can't just leave the operating room with  
17:37:20 15 the patient in there, so I would have most likely told the  
17:37:23 16 nurse that informed me to let Kim know. And then when the  
17:37:26 17 surgery was done or if I had a break or something in  
17:37:29 18 between, I would have let Kim know personally as well.

17:37:35 19 Q. Do you recall who the other nurse that's  
17:37:39 20 referenced in your email, which is Exhibit 36, was?

17:37:46 21 A. I don't recall who that nurse was, no.

17:37:49 22 Q. Do you remember how long after Ms. Do left the  
17:37:52 23 operating room it was until that second nurse came in to  
17:37:55 24 tell you she found the scrubs?

17:37:58 25 A. I would say -- No, I -- I don't recall the

Sara Do vs. Arizona Board of Regents  
Reaia Reaves

October 17, 2023

CV-22-00190-PHX-JJT  
52

17:56:17 1 Q. Other than this experience with Ms. Do, have you  
17:56:22 2 ever had an experience where a nursing student left the  
17:56:26 3 facility during a clinical shift without notifying anyone  
17:56:29 4 that they were leaving?

17:56:30 5 A. No, never.

17:56:31 6 Q. At any point during the time that you spent with  
17:56:39 7 Ms. Do, did she mention anything to you about having a  
17:56:43 8 medical condition?

17:56:43 9 A. Not that I recall.

17:56:45 10 Q. And at any point during the time you spent with  
17:56:49 11 Ms. Do, did she mention anything to you about needing to  
17:56:53 12 take medication?

17:56:55 13 A. Not that I recall.

17:56:56 14 Q. Did she mention anything to you at any time that  
17:57:00 15 you were with her about being in arrhythmia?

17:57:05 16 A. Not that I recall, no.

17:57:06 17 Q. And I -- I think you told me this, but just in  
17:57:16 18 case, I want to ask. Did you write the email that's  
17:57:19 19 Exhibit Number 36 on the same day that Ms. Do shadowed you  
17:57:23 20 in the operating room?

17:57:24 21 A. Yes.

17:57:25 22 Q. And when you wrote the email, were you attempting  
17:57:30 23 to accurately record your interactions with Ms. Do?

17:57:33 24 A. Yes.

17:57:34 25 Q. Give me just one minute. I think I may be just



Sara Do vs. Arizona Board of Regents  
Reaia Reaves

October 17, 2023

CV-22-00190-PHX-JJT  
75

1 STATE OF ARIZONA )

2 COUNTY OF MARICOPA )

3 BE IT KNOWN that the foregoing proceedings  
4 were taken before me; that the witness before testifying  
5 was duly sworn by me to testify to the whole truth; that  
6 the foregoing pages are a full, true, and accurate record  
7 of the proceedings all done to the best of my skill and  
8 ability; that the proceedings were taken down by me in  
9 shorthand and thereafter reduced to print under my  
10 direction.

11 I CERTIFY that I am in no way related to any  
12 of the parties hereto nor am I in any way interested in  
13 the outcome hereof.

14 ☐ Review and signature was requested.

15 ☒ Review and signature was waived.

16 ☐ Review and signature was not requested.

17 I CERTIFY that I have complied with the  
18 ethical obligations set forth in ACJA 7-206(F)(3) and  
19 ACJA 7-206 (J)(1)(g)(1) and (2). Dated at Phoenix,  
20 Arizona, this 29th day of October, 2023.

21

22

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24

25



Meri Coash, RMR, CRR

Certified Reporter

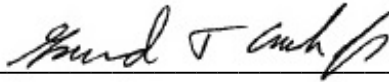
Arizona CR No. 50327

Sara Do vs. Arizona Board of Regents  
Reaia Reaves

October 17, 2023

CV-22-00190-PHX-JJT  
76

1 I CERTIFY that Coash Court Reporting &  
2 Video, LLC, has complied with the ethical obligations set  
3 forth in ACJA 7-206 (J)(1)(g)(1) through (6).  
4

5  
6 

7 COASH COURT REPORTING & VIDEO, LLC

8 Registered Reporting Firm

9 Arizona RRF No. R1228  
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# **EXHIBIT 15**

**Do vs Videotaped Deposition of Sherry Ann Strotler 30(b)(6) of Representative for Maricopa County  
Arizona Board of Regents**

UNITED STATES DISTRICT COURT

DISTRICT OF ARIZONA

Sara Do, an individual,	)	
	)	
Plaintiff,	)	
vs.	)	
	)	
Arizona Board of Regents, an	)	No. 2:22-cv-00190-JJT
Arizona State Entity; Maricopa	)	
County Special Health Care	)	
District,	)	
	)	
Defendants,	)	
_____	)	

VIDEOTAPED DEPOSITION OF SHERRY ANN STOTLER

30(b)(6) Representative For Maricopa County

Special Health Care District

August 24, 2023  
Phoenix, Arizona  
9:00 a.m.

REPORTED STENOGRAPHICALLY BY:  
MARY DAVIS, RPR  
Certified Reporter  
Certificate No. 50271

PREPARED FOR:  
ASCII

(Certified Copy)



**Do vs Videotaped Deposition of Sherry Ann Stotler 30(b)(6) of Representative for Maricopa County  
Arizona Board of Regents**

2

1 VIDEOTAPED DEPOSITION OF SHERRY ANN STOTLER,  
2 30(b)(6) Representative for Maricopa County  
3 Special Health Care District,  
4 was taken on August 24, 2023, commencing at 9:03 a.m.,  
5 at GRIFFIN GROUP INTERNATIONAL, 3200 East Camelback  
6 Road, Suite 177, Phoenix, Arizona, before MARY DAVIS,  
7 RPR, a Certified Reporter in the State of Arizona.

8  
9 COUNSEL APPEARING:

10  
11 For Plaintiff Sara Do

12 AFFELD GRIVAKES LLP  
13 By: Brian R. England, Esq.  
14 2049 Century Park East, Suite 2460  
15 Los Angeles, California 90067

16 For Defendant Arizona Board of Regents

17 OSBORN MALEDON, P.A.  
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19 By: Joshua J. Messer, Esq  
20 2929 North Central Avenue, 21st Floor  
Phoenix, Arizona 85012

21 For Defendant Maricopa County Special Health Care  
22 District

23 COPPERSMITH BROCKELMAN PLC  
24 By: Jill J. Chasson,, Esq.  
25 By: Andrew T. Fox, Esq.  
2800 North Central Avenue, Suite 1900  
Phoenix, Arizona 85004



**Do vs Videotaped Deposition of Sherry Ann Strotler 30(b)(6) of Representative for Maricopa County  
Arizona Board of Regents**

3

1 ALSO PRESENT:

2 Robin Smart, VideoDep Incorporated

3 Sara Trower, Associate General Counsel - ASU

4 Sara Do (via Zoom)

5 Angelina Nye - Valleywise Health (via Zoom)

6 Dale Dschultz - Valleywise (via Zoom)

7 Johanna Hammel - State of Arizona risk management  
8 department (via Zoom)

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**Do vs Videotaped Deposition of Sherry Ann Stotler 30(b)(6) of Representative for Maricopa County  
Arizona Board of Regents**

4

## I N D E X

WITNESS	PAGE
SHERRY ANN STOTLER	
Examination by Mr. England	8
Examination by Mr. Messer	143
Further Examination by Mr. England	162
Examination by Ms. Chasson	164

## E X H I B I T S

EXHIBIT	DESCRIPTION	PAGE
No. 36	Third Amended Notice of Videotaped Deposition of Defendant Maricopa County Special Health Care District (4 pages)	8
No. 37	Master Affiliation Agreement with ASU (15 pages) Bates Valleywise-0175-0189	15
No. 38	myClinicalExchange note (1 page) Bates Valleywise-0451	43
No. 39	SBAR (2 pages) Bates Valleywise-0445-0446	61
No. 40	SBAR (2 pages) Bates Valleywise-0447-0448	66



**Do vs Videotaped Deposition of Sherry Ann Strotler 30(b)(6) of Representative for Maricopa County  
Arizona Board of Regents**

91

1 change this policy or modify the policy? Was there  
2 anybody else present, for example, participating?

3 **A. Participating. I can't remember if Nicole was**  
4 **present when we had the conversation.**

5 Q. If you were going to modify that policy --  
6 well, first, whose authority would be needed to modify  
7 this policy?

8 **A. I actually could modify the policy.**

9 Q. You had that power?

10 **A. (No verbal response.)**

11 Q. Okay. Did you need to run that past anyone?

12 **A. For this, I'm sure I probably had a**  
13 **conversation with the chief clinical officer, but I**  
14 **don't remember necessarily doing it. I would not of**  
15 **had to have a conversation.**

16 Q. Do you remember when the policy that's quoted  
17 on the first page of Exhibit 41, when that was changed  
18 to exclude nursing students from perioperative areas?

19 **A. I'd have to go back and look at the exact date**  
20 **when that was added.**

21 Q. Was that part of the change because of COVID?

22 **A. I believe it happened a little before that,**  
23 **before COVID, but I'd have to validate.**

24 Q. And do you know why that change was put in?

25 **A. I think it was just the -- it had to do with**





Do vs Videotaped Deposition of Sherry Ann Strotler 30(b)(6) of Representative for Maricopa County  
Arizona Board of Regents

103

1 explanation for why that is?

2 A. The only thing I do know, by the time the  
3 '21 -- I may not have -- because I may not have put it  
4 through is the only thing I can think because I still  
5 would have had the ability to okay the student in the  
6 environment. So maybe I didn't just change it and went  
7 ahead and made the allowance to be in the OR without  
8 changing the policy.

9 Q. I see. So you may have created Exhibit 41,  
10 but not actually put it into effect?

11 A. Yeah.

12 Q. Because you thought you could make an  
13 exception?

14 A. I could make an exception.

15 Q. Right. And that exception -- well, if you  
16 turn over to page 429 on Exhibit 44.

17 A. Yeah.

18 Q. In the redline under the Nursing/Clinical  
19 Students. Do you see that? There you go.

20 A. Oh, yeah. I'm sorry.

21 Q. And here's where --

22 A. Yes.

23 Q. -- consistent with your emails with Marc, you  
24 made clear that you can make this exception.

25 A. Right.



**Do vs Videotaped Deposition of Sherry Ann Strotler 30(b)(6) of Representative for Maricopa County  
Arizona Board of Regents**

155

1 you -- there's this overall schedule for July 24th,  
2 2021. You also created a separate list that was just  
3 the surgeries occurring while Sara Do was in  
4 Valleywise; correct?

5 **A. Correct.**

6 Q. Okay. And you might have answered my question  
7 somewhere in the middle there, and I apologize if I  
8 missed it.

9 Are there surgeries that Sara Do attended on  
10 the list that we're looking at?

11 **A. Yes.**

12 Q. And can you identify which surgeries those  
13 are?

14 **A. The ones that I remember, that I -- in all the**  
15 **conversation was the burn case that she was going to go**  
16 **into and the -- I thought it was the plastics case, but**  
17 **I'll have to pull -- I'd have to get my notes to**  
18 **double-check myself.**

19 Q. And that plastics case would be the second row  
20 on the schedule?

21 **A. Yes.**

22 Q. And the burn case would be the --

23 **A. Towards the bottom.**

24 Q. -- the last one on the schedule?

25 **A. Yeah.**



**Do vs Videotaped Deposition of Sherry Ann Strotler 30(b)(6) of Representative for Maricopa County  
Arizona Board of Regents**

156

1 Q. And as you sit here today, you don't remember  
2 what the third one was?

3 A. I couldn't remember the third. I have it  
4 written down, but I'm completely -- I'm assuming it was  
5 the orthopedics one because of the time.

6 Q. There's two orthopedics. Which one are you  
7 referring to?

8 A. The one that was the 09:30 to 11:10. Because  
9 that would have been during that time, the initial. I  
10 would have just looked at the top.

11 Q. For the burn case, do you know whether that  
12 patient was COVID positive or not?

13 A. COVID negative is what I was informed when I  
14 pulled it.

15 Q. And for the plastics case, do you know whether  
16 that patient was COVID negative?

17 A. COVID negative.

18 Q. And for the orthopedic case, do you know  
19 whether that patient was COVID negative?

20 A. I was told COVID neglect -- COVID negative.

21 Q. And would -- because those patients were COVID  
22 negative, would those participating in those surgeries  
23 be required to wear an N95 mask?

24 A. Not during the surgical procedure piece of it,  
25 no.



**Do vs Videotaped Deposition of Sherry Ann Strotler 30(b)(6) of Representative for Maricopa County  
Arizona Board of Regents**

169

CERTIFICATE OF CERTIFIED REPORTER

BE IT KNOWN that the foregoing proceedings were taken before me; that the witness before testifying was duly sworn by me to testify to the whole truth; that the foregoing pages are a full, true and accurate record of the proceedings, all done to the best of my skill and ability; that the proceedings were taken down by me in shorthand and thereafter reduced to print under my direction; that I have complied with the ethical obligations set forth in ACJA 7-206(F)(3) and ACJA 7-206 J(1)(g)(1) and (2).

I CERTIFY that I am in no way related to any of the parties hereto, nor am I in any way interested in the outcome hereof.

{X} Review and signature was requested; any changes made by the witness will be attached to the original hereof.

{ } Review and signature was waived/not requested.

{ } Review and signature not required.

Dated at Phoenix, Arizona, this 8th day of September, 2023.

/s/ Mary Davis

MARY DAVIS, RPR  
Certified Reporter  
Arizona CR No. 50271

\* \* \* \* \*

I CERTIFY that GRIFFIN GROUP INTERNATIONAL, has complied with the ethical obligations set forth in ACJA 7-206 (J)(1)(g)(1) through (6).

/s/ Pamela A. Griffin

GRIFFIN GROUP INTERNATIONAL  
Registered Reporting Firm  
Arizona RRF No. R1005



# **EXHIBIT 16**

Sara Do vs. Arizona Board of Regents  
Warren Brent Thomas

August 22, 2023

CV-22-00190-PHX-JJT

IN THE UNITED STATES DISTRICT COURT  
FOR THE DISTRICT OF ARIZONA

Sara Do, an individual,

Plaintiff,

v.

Arizona Board of Regents, an  
Arizona State Entity; et al.,

Defendants.

No.

CV-22-00190-PHX-JJT

IN THE SUPERIOR COURT OF THE STATE OF ARIZONA

IN AND FOR THE COUNTY OF MARICOPA

Sara Do, an individual,

Plaintiff,

v.

Arizona Board of Regents, an  
Arizona State Entity;  
Dr. Kimberly Day, an unmarried  
person; Dr. Salina Bednarek and  
Joshua Bednarek, wife and  
husband; Dr. Margaret Morris  
and Phillip Morris, wife and  
husband; Candace Keck and  
Jonathan Keck, wife and  
husband,

Defendants.

No. CV2022-009424

VIDEOTAPED  
DEPOSITION OF  
WARREN BRENT THOMAS

Phoenix, Arizona

August 22, 2023

Prepared by:

Meri Coash, RMR, CRR  
Certified Reporter  
Certification No. 50327

**CERTIFIED  
TRANSCRIPT**

Sara Do vs. Arizona Board of Regents  
Warren Brent Thomas

August 22, 2023

CV-22-00190-PHX-JJT  
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## I N D E X

WITNESS	PAGE
Examination by Mr. Messer	6
Examination by Mr. England	49
Examination by Mr. Fox	80
Further Examination by Mr. Messer	84
Further Examination by Mr. England	88
Further Examination by Mr. Fox	89
Further Examination by Mr. Messer	89

## EXHIBITS MARKED

EXHIBITS	DESCRIPTION	PAGE
Exhibit 35	Email from Brent Thomas to Kimberly Day, 7-24-21, Subject: Student Nurse at County ABOR000554	33

Sara Do vs. Arizona Board of Regents  
Warren Brent Thomas

August 22, 2023

CV-22-00190-PHX-JJT  
3

1 VIDEOTAPED DEPOSITION OF WARREN BRENT THOMAS  
2 was taken on August 22, 2023, commencing at 9:06 a.m., at  
3 the law offices of Osborn Maledon, PA, 2929 North Central  
4 Avenue, Phoenix, Arizona, before Meri Coash, a Certified  
5 Reporter in the State of Arizona.

6

7

\* \* \*

8

9 APPEARANCES:

10 For the Plaintiff:  
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13 310-979-8700  
bre@agzlaw.com  
14

15 For Defendants Arizona Board of Regents, Day,  
16 Bednarek, Morris, Keck:  
OSBORN MALEDON, PA  
17 By: Joshua J. Messer, Esq.  
Kristin L. Windtberg, Esq.  
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kwindtberg@omlaw.com  
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23  
24  
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Sara Do vs. Arizona Board of Regents  
Warren Brent Thomas

August 22, 2023

CV-22-00190-PHX-JJT  
4

1 APPEARANCES (CONTINUED):

2 For Defendant Maricopa County Special Health Care  
3 District:

4 COPPERSMITH BROCKELMAN PLC

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6 Jill J. Chasson, Esq. (Via Zoom)

7 2800 North Central Avenue

8 Suite 1900

9 Phoenix, Arizona 85004

10 602-224-0999

11 afox@cblawyers.com

12 jchasson@cblawyers.com

13 Also present: Sara Do (Via Zoom)

14 Sara Trower, Esq.

15 Johanna Hammel (Via Zoom)

16 Daniel Rohan, videographer

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Sara Do vs. Arizona Board of Regents  
Warren Brent Thomas

August 22, 2023

CV-22-00190-PHX-JJT  
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09:33:19 1 Sara Do?

09:33:20 2 A. I do.

09:33:20 3 Q. What do you remember about Sara Do?

09:33:23 4 A. She was not like any other nursing student I've  
09:33:27 5 ever come across. There was a general sense of -- I don't  
09:33:39 6 know how to describe it -- uninterest. She wasn't  
09:33:45 7 interested in seeing anything, really talking about much  
09:33:51 8 of anything to do with nursing in the OR. Tried to engage  
09:33:55 9 her, show her some stuff, show her what I do, answer  
09:34:01 10 questions, kind of engage. "What kind of nurse do you  
09:34:04 11 want to be?" "What kind of nursing interests you?" Just  
09:34:07 12 typical stuff to try and get to know them and -- You  
09:34:12 13 know, not like counsel them, but help them explore the  
09:34:17 14 different aspects of nursing. There was a general just  
09:34:21 15 kind of not -- not interested feel from her, which is --  
09:34:31 16 sorry -- I didn't mean to interrupt. It's just not --  
09:34:34 17 I've never experienced that before ever.

09:34:35 18 Q. And what gave you the sense that she wasn't  
09:34:38 19 interested? What gave you that feeling?

09:34:40 20 A. Well, she kind of sat in a corner, didn't really  
09:34:46 21 want to come look at anything, didn't want to see  
09:34:49 22 anything. When I asked -- tried and ask questions, didn't  
09:34:51 23 really want to talk about -- about -- Most people look at  
09:34:56 24 CRNAs, "Oh, that's amazing. I want to see what you do."  
25 You know, no interest. That's okay. CRNA's not for

Sara Do vs. Arizona Board of Regents  
Warren Brent Thomas

August 22, 2023

CV-22-00190-PHX-JJT  
26

09:35:04 1 everybody. But just felt like just didn't want to be  
09:35:05 2 there. Felt like she wasn't interested in being there in  
09:35:08 3 the OR. Tried to engage her with conversation, and she --  
09:35:13 4 didn't feel like she wanted to even really be a nurse. I  
09:35:17 5 remember at one point she told me that her goal in  
09:35:21 6 becoming a nurse was not actually be a nurse but to go  
09:35:24 7 into administration. Her desire was to be a hospital  
09:35:28 8 administrator, not ever have any patient care, not ever  
09:35:31 9 deal with any of the core nursing -- what we do as nurses.  
09:35:40 10 Nursing's all about patient care, and she had no interest  
09:35:43 11 in any of that.

09:35:44 12 Q. Is that something that she said, that she wasn't  
09:35:47 13 interested in patient care?

09:35:47 14 A. Yeah, pretty -- through -- I don't know if she  
09:35:50 15 said the exact words "I have no interest," but she said  
09:35:53 16 she didn't want to be a nurse. She wanted to be an  
09:35:56 17 administrator. That's what she told me she wanted to be.  
18 So typically I'll ask, "What kind of a nurse do you want  
09:36:00 19 to be? Do you want to be pediatrics? Do you want to be  
09:36:00 20 obstetrics? Do you want to be surgical tech? Want -- A  
09:36:03 21 surgical nurse? What kind of nurse do you want to be?"  
09:36:05 22 She said, "I don't want to be that kind of nurse. I want  
09:36:07 23 to be an administrator."

09:36:10 24 Q. And you said that she didn't want to come look or  
09:36:17 25 see what the -- what you were doing or what the procedure

Sara Do vs. Arizona Board of Regents  
Warren Brent Thomas

August 22, 2023

CV-22-00190-PHX-JJT  
27

09:36:19 1 was, correct?

09:36:20 2 A. Yeah. She just kind of sat in a corner. I  
09:36:25 3 remember at -- I think this was on a weekend, on a  
09:36:27 4 Saturday, if I'm -- I might be incorrect. I think it was  
09:36:33 5 on a Saturday because it was different -- Weekends at  
09:36:37 6 Valleywise are different. There's -- you're not, like,  
09:36:39 7 stuck in one room. There's -- there's several CRNAs, and  
09:36:42 8 we'll kind of alternate who's got the next room. Kind  
09:36:45 9 of -- There's always one person free, so if any traumas  
09:36:48 10 come in, they're able to run and handle the trauma that  
09:36:50 11 comes in. We always have to have one OR always ready for  
09:36:53 12 traumas, and one CRNA and one anesthesia crew ready to  
09:36:58 13 handle any traumas that -- any emergencies that come in.  
09:37:01 14 So as we finish a case in this one room, we'll bounce to  
09:37:04 15 the next or we'll be the free person until the next case  
09:37:04 16 empties and we'll kind of just rotate that way. Each one  
09:37:06 17 takes -- takes a break in between, but were bouncing  
09:37:09 18 around, so we're in different rooms at different times.  
09:37:15 19 And I've worked, a lot of times on weekends, the same  
09:37:18 20 crew, the same nursing staff. The same core people kind  
09:37:21 21 of come in and work a lot of weekends, so we know each  
09:37:24 22 other pretty well.

09:37:25 23 And she kind of sat in a corner. She got up  
09:37:31 24 and left a few times. Just didn't seem interested in  
09:37:36 25 being there at all.

Sara Do vs. Arizona Board of Regents  
Warren Brent Thomas

August 22, 2023

CV-22-00190-PHX-JJT  
28

09:37:37 1 Q. Did she say anything about why she didn't want to  
09:37:44 2 come any closer to the patient or didn't want to observe  
09:37:46 3 more closely?

09:37:47 4 A. No.

09:37:47 5 Q. Did she say anything to you before -- You  
09:37:52 6 mentioned that she left the operating room a few times,  
7 correct?

09:37:56 8 A. Yeah. I figured, you know, some people need to  
09:37:58 9 go to the bathroom or whatever. They just get up and go.  
09:38:01 10 It's not like we're in grade school, you've got to ask  
09:38:04 11 permission. Gotta go, go. So I assumed that she needed  
09:38:07 12 to go use the restroom or something like that. But it was  
09:38:10 13 just look over and she's not in the corner anymore.

09:38:14 14 MR. ENGLAND: Josh, this is Brian, I hate to  
09:38:18 15 interrupt. You're trailing off at the end of your  
09:38:20 16 questions. Could you just speak up a tiny bit?

09:38:22 17 MR. MESSER: Oh, of course. Sorry about  
09:38:23 18 that, Brian.

09:38:24 19 BY MR. MESSER:

09:38:24 20 Q. Before she left the room, did she say anything to  
09:38:26 21 you?

09:38:26 22 A. No.

09:38:27 23 Q. Do you know if she said anything to anyone?

09:38:29 24 A. I wouldn't know. Just look up, she's not there.  
09:38:35 25 You know, trying to engage, trying to talk with her, and

Sara Do vs. Arizona Board of Regents  
Warren Brent Thomas

August 22, 2023

CV-22-00190-PHX-JJT  
29

09:38:37 1 she just sat in the corner, so I would just go on doing  
09:38:40 2 my -- you know, doing my thing and monitoring the patient,  
09:38:43 3 making sure everything was safe. Look over and she's not  
09:38:45 4 there, and I figured she had to go to the bathroom. I  
09:38:48 5 remember at one point she was just not there anymore. It  
09:38:51 6 wasn't -- I thought maybe it was the end of her clinical  
09:38:53 7 experience there, she was done. Sometimes, you know,  
09:38:58 8 students will be -- have meetings to go -- They go down  
09:39:00 9 and have their little huddles with all -- with the nursing  
09:39:03 10 instructors and they talk about their day. Maybe she was  
09:39:08 11 done and was going to one of those nursing meetings or  
09:39:11 12 something, student meetings. She was there and then she  
09:39:14 13 wasn't.

09:39:15 14 Q. And this -- this last time that she left, when  
09:39:18 15 she just didn't come back, did she say anything to you --

09:39:21 16 A. No.

09:39:21 17 Q. -- before she left that time?

09:39:23 18 A. No.

09:39:24 19 Q. Do you know if she said anything to anyone?

09:39:25 20 A. I have no idea.

09:39:31 21 Q. Had anyone told you anything about Ms. Do before  
09:39:36 22 she was in the operating room with you?

09:39:37 23 A. I was told there was going to be a student in  
09:39:43 24 there. The nurse that -- that was there frequently on the  
09:39:53 25 weekends who was an instructor, I always called her

Sara Do vs. Arizona Board of Regents  
Warren Brent Thomas

August 22, 2023

CV-22-00190-PHX-JJT  
33

09:44:29 1 Exhibit 35.

2 (Deposition Exhibit 35 was marked for  
09:44:43 3 identification.)

09:44:43 4 BY MR. MESSER:

09:44:56 5 Q. All right, Mr. Thomas. The court reporter just  
09:45:04 6 handed you Exhibit 35, which is a document with Bates  
09:45:07 7 stamp ABOR000554. Do you recognize this document?

09:45:14 8 A. I do.

09:45:14 9 Q. What is this document?

09:45:16 10 A. This is the review that I wrote to ASU.

09:45:20 11 Q. And the "From" line, is that your email address?

09:45:25 12 A. It is.

09:45:26 13 Q. And did you send this the day of the surgery that  
09:45:34 14 we've been talking about?

09:45:35 15 A. I did.

09:45:35 16 Q. All right. So that would be July 24th, 2021?

09:45:39 17 A. Yes.

09:45:39 18 Q. So you start this email off by saying, "I have  
09:45:51 19 never experienced a student like the one you brought to  
09:45:54 20 the OR on Saturday . . . ." Do you see that?

09:45:56 21 A. I do.

09:45:57 22 Q. Is there anything else that we haven't talked  
09:45:59 23 about that you meant by that?

09:46:01 24 A. Just like what I said, students typically are  
09:46:07 25 there to soak it all up, experience everything, see

Sara Do vs. Arizona Board of Regents  
Warren Brent Thomas

August 22, 2023

CV-22-00190-PHX-JJT  
40

09:53:55 1 Q. So does this email accurately capture your  
09:53:58 2 impressions of Ms. Do?

09:53:58 3 A. It was written right, I mean, literally that same  
09:54:01 4 day, so it was fresh when I wrote it.

09:54:03 5 Q. After she left the surgery for the last time,  
09:54:13 6 what did you do?

09:54:14 7 A. As I say, when I -- when I saw Kim again, I asked  
09:54:21 8 her about it, like I said before. And then I still had  
09:54:26 9 other surgeries and things to do, so I think I wrote  
09:54:29 10 this -- I had a break between the two, between my next  
09:54:33 11 case, and I just wrote this real quick and sent it to Kim,  
09:54:36 12 that she could then make sure it got passed on to ASU.

09:54:40 13 Q. Are you aware that Sara Do left a second surgery  
09:54:47 14 later in the day?

09:54:49 15 A. I don't remember that.

09:54:50 16 Q. We talked about you talking about Sara Do with  
09:54:57 17 Kim Day. Did you talk about Sara Do with anybody else?

09:55:02 18 A. I wouldn't recall exactly who because, you know,  
09:55:10 19 Kim was in charge of the -- of the student. I know she  
09:55:13 20 was the -- I always called her the professor as well  
09:55:17 21 because she's -- she taught -- she taught at ASU, and so I  
09:55:22 22 always joked with her about that. So I talked with her  
09:55:26 23 about it. And I remember making comments to some of the  
09:55:29 24 other nurses -- circulators in the area, like, "Wow, she  
09:55:32 25 just really didn't want to be a nurse, didn't have any



Sara Do vs. Arizona Board of Regents  
Warren Brent Thomas

August 22, 2023

CV-22-00190-PHX-JJT  
48

10:16:30 1 don't remember specifically things that I said to her, no.  
10:16:35 2 More so it was Kim because she was the -- she was the  
10:16:38 3 clinical coordinator. She was -- she was in charge of  
10:16:41 4 Ms. Do.

10:16:42 5 Q. And do you know whether Kim Day was the charge  
10:16:45 6 nurse that day?

10:16:46 7 A. I can't recall if she was the charge nurse or if  
10:16:49 8 she was circulating. I believe Gabi was in the room.  
10:16:53 9 That's why I would have said something to Gabi, because  
10:16:56 10 she would have had firsthand experience of seeing what I  
10:16:59 11 saw. But my -- I'm thinking or leaning towards that Kim  
10:17:08 12 was not in the room and Gabi was in the room and Kim  
10:17:13 13 was -- put her in the room to experience in that room, not  
10:17:15 14 with her, you know, with someone else, but that's -- I'm  
10:17:20 15 thinking that's the way it was, but I can't remember  
10:17:22 16 exactly.

10:17:22 17 Q. When you were having the conversation with Kim  
10:17:26 18 about Ms. Do and Kim asked you to send her an email with  
10:17:31 19 your thoughts, did Kim tell you what to say in that email?

10:17:34 20 A. No.

10:17:53 21 MR. MESSER: All right. Mr. Thomas, I think  
10:17:55 22 that's not quite all I have.

10:18:03 23 That is all I have for right now.

10:18:05 24 Appreciate your time. I might have more follow-up after  
10:18:08 25 others ask their questions, but for now, that's what I've

Sara Do vs. Arizona Board of Regents  
Warren Brent Thomas

August 22, 2023

CV-22-00190-PHX-JJT  
91

1 STATE OF ARIZONA )

2 COUNTY OF MARICOPA )

3 BE IT KNOWN that the foregoing proceedings  
4 were taken before me; that the witness before testifying  
5 was duly sworn by me to testify to the whole truth; that  
6 the foregoing pages are a full, true, and accurate record  
7 of the proceedings all done to the best of my skill and  
8 ability; that the proceedings were taken down by me in  
9 shorthand and thereafter reduced to print under my  
10 direction.

11 I CERTIFY that I am in no way related to any  
12 of the parties hereto nor am I in any way interested in  
13 the outcome hereof.

14 ☐ Review and signature was requested.

15 ☐ Review and signature was waived.

16 ☒ Review and signature was not requested.

17 I CERTIFY that I have complied with the  
18 ethical obligations set forth in ACJA 7-206(F)(3) and  
19 ACJA 7-206 (J)(1)(g)(1) and (2). Dated at Phoenix,  
20 Arizona, this 6th day of September, 2021.

21

22

23

24

25



Meri Coash, RMR, CRR

Certified Reporter

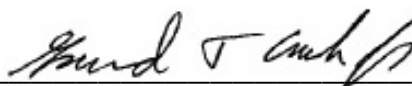
Arizona CR No. 50327

Sara Do vs. Arizona Board of Regents  
Warren Brent Thomas

August 22, 2023

CV-22-00190-PHX-JJT  
92

1 I CERTIFY that Coash & Coash, Inc., has  
2 complied with the ethical obligations set forth in  
3 ACJA 7-206 (J)(1)(g)(1) through (6).  
4  
5  
6

7   
8

COASH & COASH, INC.

Registered Reporting Firm

Arizona RRF No. R1036  
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# **EXHIBIT 17**

1 IN THE UNITED STATES DISTRICT COURT

2 FOR THE DISTRICT OF ARIZONA

3  
4  
5 Sara Do, an individual, )

6 Plaintiff, )

7 v. )

No. CV-22-00190-

PHX-JJT

8 Arizona Board of Regents, an )  
9 Arizona State Entity; et al., )

10 Defendants. )  
11  
12

13 Deposition of DIANE J. WEISS, M.D.,

14 Witness, taken on behalf of Defendants at 2049

15 Century Park East, Suite 2460, Los Angeles,

16 California, commencing at 10:15 a.m. on Friday,

17 April 26, 2024, before John M. Taxter, Certified

18 Shorthand Reporter No. 3579 in and for the State

19 of California, a Registered Professional Reporter.  
20  
21  
22  
23  
24  
25

1 IN THE SUPERIOR COURT OF THE STATE OF ARIZONA

2 IN AND FOR THE COUNTY OF MARICOPA

3  
4  
5 Sara Do, an individual, )

6 Plaintiff, )

7 v. )

No. CV2022-009424

8 Arizona Board of Regents, an )

Arizona state entity; Dr. )

9 Kimberly Day, an unmarried )

person; Dr. Salina Bednarek and )

10 Joshua Bednarek, wife and )

husband; Dr. Margaret Morris and )

11 Phillip Morris, wife and husband; )

Candace Keck and Jonathan Keck, )

12 wife and husband, )

13 Defendants. )  
\_\_\_\_\_ )

14  
15  
16 Deposition of DIANE J. WEISS, M.D.,

17 Witness, Volume 1, taken on behalf of Defendants

18 at 2049 Century Park East, Suite 2460, Los

19 Angeles, California, commencing at 10:15 a.m. on

20 Friday, April 26, 2024, before John M. Taxter,

21 Certified Shorthand Reporter No. 3579 in and for

22 the State of California, a Registered Professional

23 Reporter.  
24  
25

1 APPEARANCES:

2  
3  
4 FOR PLAINTIFF SARA DO AND DEPONENT DIANE WEISS,  
5 M.D.:

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8 2049 Century Park East, Suite 2460  
9 Los Angeles, California 90067  
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11 bre@aejlaw.com

12 FOR DEFENDANTS ARIZONA BOARD OF REGENTS, AN  
13 ARIZONA STATE ENTITY; DR. KIMBERLY DAY, AN  
14 UNMARRIED PERSON; DR. SALINA BEDNAREK AND JOSHUA  
15 BEDNAREK, WIFE AND HUSBAND; DR. MARGARET MORRIS  
16 AND PHILLIP MORRIS, WIFE AND HUSBAND; AND CANDACE  
17 KECK AND JONATHAN KECK, WIFE AND HUSBAND:

18 OSBORN MALEDON, P.A.  
19 BY: KRISTIN L. WINDTBERG,  
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22 -and-

23 MARY R. O'GRADY, Attorney at Law  
24 mogrady@omlaw.com  
25 (Remote appearance)

-and-

21 JOSHUA J. MESSER, Attorney at Law  
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602.640.9000

1 APPEARANCES (CONTINUED):

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4 FOR DEFENDANT MARICOPA COUNTY SPECIAL HEALTH CARE  
5 DISTRICT:

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7 BY: JILL J. CHASSON, Attorney at Law  
8 (Remote appearance)  
9 2800 North Central Avenue, Suite 1900  
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12 jchasson@cblawyers.com  
13

14  
15  
16 ALSO PRESENT:

17 KWAN PIENSOOK, Attorney at Law  
18 (Remote appearance)  
19

20  
21  
22 VIDEOGRAPHER:

23 KEITH MAJOR  
24  
25



## I N D E X

DEPONENT:	EXAMINED BY:	PAGE:
DIANE J. WEISS, M.D.	BY MR. WINDTBERG	9,255
	BY MS. CHASSON	202
	BY MR. ENGLAND	254

## EXHIBITS FOR IDENTIFICATION:

67 - Plaintiff's expert report of Diane Weiss in the state court matter (61 pages)	17
68 - Plaintiff's expert report of Diane Weiss in the federal court matter (61 pages)	19
69 - Handwritten notes by Diane J. Weiss, M.D. (34 pages)	46
70 - Handwritten notes by Diane J. Weiss, M.D. (6 pages)	49
71 - Handwritten notes by Diane J. Weiss, M.D. (14 pages)	49
72 - Handwritten notes by Diane J. Weiss, M.D. (50 pages)	51
73 - Handwritten notes by Diane J. Weiss, M.D. (26 pages)	52
74 - Psychiatric examination patient information (14 pages)	55
75 - Handwritten notes by Diane J. Weiss, M.D. (12 pages)	83
76 - Expert report dated 12/20/2023 by Erin M. Nelson, Psy.D. (40 pages)	129
77 - Medical appointment documentation dated 7/1/2021 with Linda Lau, M.D. (4 pages)	234
78 - Medical return office visit documentation dated 7/14/2021 with Kai Chun Sung, M.D. (4 pages)	236

## I N D E X (CONTINUED)

EXHIBITS PREVIOUSLY MARKED:	PAGE:
7 - Medical appointment documentation dated 10/26/2020 with Mohammad Dardari, M.D. (3 pages)	69
8 - Return office visit documentation dated 10/28/2020 with Kai Chun Sung, M.D. (4 pages)	74
23 - Medical appointment documentation dated 1/20/2020 (4 pages)	171
56 - Medical appointment documentation dated 2/3/2022 with Eddie M. Taylor, Ph.D. (29 pages)	160
64 - Medical appointment documentation dated 7/20/2022 with Eddie M. Taylor, Ph.D. (28 pages)	238

## INFORMATION REQUESTED:

(NONE)

QUESTION NOT ANSWERED  
ON ADVICE OF COUNSEL:

(NONE)

1 Q Are you aware that Ms. Do is currently 11:54:57  
2 employed? 11:54:59  
3 A Yes. 11:54:59  
4 Q Do you know where she's employed? 11:54:59  
5 A She told me that she the works for 11:55:00  
6 Banner Health, and what she said was the first or 11:55:03  
7 the second biggest employer; maybe the first in 11:55:07  
8 Arizona. I -- I don't -- that was interesting to 11:55:09  
9 me. And she told me what kind of work she does, 11:55:12  
10 and she told me that she works from home. So as 11:55:16  
11 far as where, I guess who her official -- what 11:55:20  
12 part of Banner Health was her employer I would 11:55:23  
13 have no idea. 11:55:25  
14 Q Okay. Did she tell you if she's liking 11:55:26  
15 her job? 11:55:29  
16 A Yes. 11:55:30  
17 Q What did she say? 11:55:30  
18 A She said she loved the job. 11:55:31  
19 Q Did she tell you any other details about 11:55:35  
20 her current employment? 11:55:37  
21 A Yes, she did. To be thorough, I would 11:55:40  
22 want to look at my notes because that was just 11:55:43  
23 this week. 11:55:47  
24 MS. WINDTBERG: Well, let's do that 11:55:48  
25 then. I think you have a copy or Mr. England has 11:55:50

1 STATE OF CALIFORNIA )  
 ) SS.  
2 COUNTY OF VENTURA )

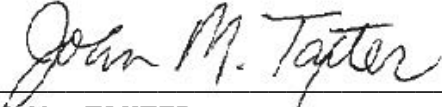
3 I, John M. Taxter, a California Certified  
4 Shorthand Reporter, Certificate No. 3579, a  
5 Registered Professional Reporter, do hereby  
6 certify:

7 That the foregoing proceedings were taken  
8 before me at the time and place therein set forth,  
9 at which time the deponent was put under oath by  
10 me; that the testimony of the deponent and all  
11 objections made at the time of the examination  
12 were recorded stenographically by me and were  
13 thereafter transcribed; That the foregoing is a  
14 true and correct transcript of my shorthand notes  
15 so taken. I further certify that I am neither  
16 counsel for nor related to any party to said  
17 action.

18 Pursuant to Federal Rule 30(e), transcript  
19 review was requested.

20 The dismantling, unsealing, or unbinding of  
21 the original transcript will render the Reporter's  
22 Certificate null and void.

23 Dated May 7, 2024.

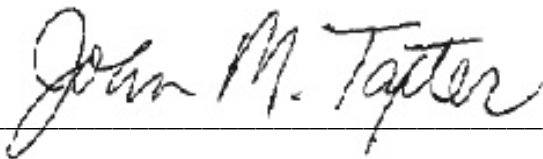
24   
JOHN M. TAXTER  
California Certified Shorthand  
25 Reporter No. 3579, RPR

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, Certified Shorthand Reporter,  
CSR No. , hereby certify:

The foregoing is a true and correct copy of the  
original transcript of the proceedings taken by me  
as thereon stated.

Dated: \_\_\_\_\_

  
\_\_\_\_\_

# **EXHIBIT 18**

Sara Do vs. Arizona State University  
Audio Transcription

07-09-2021

1

1 UNITED STATES DISTRICT COURT

2 DISTRICT OF ARIZONA

3  
4 Sara Do, an Individual,

5 Plaintiff,

6 v.

Case No.

7 Arizona State University;

2:22-cv-00190-JJT

8 Arizona Board of Regents, an

9 Arizona State Entity;

10 Valleywise Health; Valleywise

11 Health Medical Center; Dr.

12 Kimberly Day, an unmarried

13 person; Dr. Salina Bednarek

14 and Joshua Bednarek, wife and

15 husband; Dr. Margaret Morris

16 and Phillip Morris, wife and

17 husband; Candace Keck and

18 Jonathan Keck, wife and

19 husband,

20 Defendants.

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Sara Do vs. Arizona State University  
Audio Transcription

07-09-2021

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AUDIO-RECORDED INTERVIEW

7

OF

8

SARA DO

9

RE: SARA DO VS. ARIZONA STATE UNIVERSITY

10

July 9, 2021

11

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(File Name: Do\_000324.mp4)

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22 Prepared by:

23 Diane Otto, CER, CET

24 Certified Electronic Transcriber

25 Certification No. 1353



1 (Commencement of audio file:  
2 Do\_324.mp4)  
3 Counter Start Time: 0:05:17.0  
4 DR. BEDNAREK: Hi, everyone.  
5 MS. DO: Hi.  
6 DR. BEDNAREK: How are you?  
7 MS. DO: Okay. How are you?  
8 DR. BEDNAREK: I'm okay. So I want to  
9 -- you know who I am and you know who Katherine is,  
10 right?  
11 MS. DO: Katherine?  
12 DR. BEDNAREK: Katherine Benedict.  
13 MS. DO: Yes.  
14 DR. BEDNAREK: Okay. You may not know  
15 who Kathy Kenny is, Katherine Kenny, Dr. Katherine  
16 Kenny. She is our Associate Dean at Edson College, so  
17 I asked her to be here with us today and so she's  
18 joining us. Just a little bit about her role; she's  
19 in charge of all academic operations. So that means  
20 she needs to be involved in all students' -- student  
21 conversations that are relevant to their program and  
22 what's going on. So it's not uncommon for her to be  
23 looped in to conversations that are important, as the  
24 one I know you're anxious to have with me. Because I  
25 know you were trying to reach out to me last night.

1 MS. DO: Yeah.

2 DR. KENNY: Hi, Sarah. Thank you. I'm  
3 going to mute myself. I'm just here, you know, to  
4 make sure that I'm aware of our way forward. So thank  
5 you for being here.

6 MS. DO: Thank you.

7 DR. BEDNAREK: So you -- you reached  
8 out and you wanted to meet, so share with me what's  
9 going on?

10 MS. DO: Yeah, I did. So I got the  
11 e-mail yesterday from Katherine as I was leaving the  
12 school. I went to the school because I had to take an  
13 ATI test. Before I went, I was having arrhythmia  
14 problems, and we weren't given the option of doing it  
15 online, like we have for the other semesters, which  
16 was fine. I took my medication; I went. It didn't  
17 work. So I took the test as quickly as I could. I  
18 got through 100 questions in, I think, 31 minutes. I  
19 basically failed the test. I couldn't concentrate. I  
20 was having to, like, take more medication as I'm  
21 sitting there in class trying to take the test, but I  
22 knew I needed to leave.

23 As I left, it got worse, and I ended up  
24 going to the hospital on the way back toward the East  
25 Valley, where I was, basically, for the rest of the

1 night on the IV drips, the medications, the stuff that  
2 they have to do when I can't get a hold of it myself.

3 So anyway, I went to the hospital,  
4 actually, where we have the clinical for today in case  
5 I was able to, you know, somehow just be closer by so  
6 I could go to the clinical. But at the point that I  
7 left, I still had arrhythmia. I was no longer in  
8 bigeminy, in ventricular bigeminy, so they let me go  
9 home. And this morning when I got up, I still had  
10 arrhythmia and I didn't end up going to the clinical  
11 today just because I didn't know -- I didn't want to  
12 go and then have to leave, you know, at some point.

13 So anyway, but I got Katherine's e-mail  
14 yesterday on my way away from the school, going back  
15 home or going toward home and that was when I called  
16 you, or when I e-mailed you to see if we could talk.

17 So anyway, I kind of have some notes  
18 that I wrote down just so I could try to stay focused  
19 and not be all over the place, because I know  
20 you're -- we have, like, 23 minutes left. So I'll  
21 just kind of get right into it.

22 So I've seen so far four  
23 electrophysiology cardiologists. I've seen Dr. Kai  
24 Sung, Dr. Ziad El Khoury, Dr. John Beshai and Dr. Huy  
25 Phan. They're all medical doctors, electrophysiology

1 cardiologists, and they've all said that my condition  
2 aligns with what they have seen in their practice for  
3 rare conditions from the vaccine. They said they are  
4 also seeing it in patients who have had the virus.  
5 But I've had IgG and IgM tests done. I don't have  
6 IgM. I have the IgG for the spike protein, not the  
7 other one that they look at. So for sure, what I have  
8 is from the vaccine is what they're saying, if that's  
9 what it is.

10 And so, the -- the vaccine itself,  
11 they're saying that it's likely that I have permanent  
12 heart damage at this point. The other day I had a --  
13 you probably couldn't see it. I can -- I can take a  
14 picture and send it to you. I had a 12-lead EKG done  
15 a couple of weeks ago. No, it was about a week ago,  
16 at Dr. Huy Phan's office, and it shows that I have an  
17 inverted T-wave now and an elevated ST interval, which  
18 he said aligns with a myocardial infarction.

19 Two weeks prior to that, I had a normal  
20 EKG. It wasn't normal, but it had normal T-waves and  
21 a normal ST elevation or interval. So sometime within  
22 that time span, I think it was 16 days, they think  
23 that I had a heart attack and it's also showing that I  
24 have anterior ischemia in my heart. They are saying  
25 this is directly attributed to having received the

1 vaccination and it's the effect that it had on my  
2 heart.

3                   So having said that, I personally would  
4 not have chosen to get the vaccine if I hadn't been  
5 told that we needed to get it as soon as possible  
6 because the future clinical sites may require students  
7 to be vaccinated. I'm very pro-vaccine, but this is  
8 not approved through the FDA and I wouldn't have  
9 gotten it on my own if it was left up to me. And so,  
10 the fact that I'm now having these problems as a  
11 direct result of a vaccine I was told to get from the  
12 school on multiple occasions by multiple people, I'm  
13 really hoping that somebody can work with me.

14                   I don't want to end this program. I'm  
15 a straight A student. I have been throughout my four  
16 years at ASU before this for my undergraduate. I take  
17 my education super seriously and I feel like all of  
18 this stuff that is happening to me now with my heart  
19 is still COVID related. So I know, like, in our first  
20 semester, we -- we weren't allowed into any clinical  
21 sites, no hospitals or anything. And those  
22 accommodations were made for the alternative  
23 assignments to cover those required hours because of  
24 COVID. And my condition now is still related directly  
25 to COVID, the reaction that I have and the long term

1 effects that I'm having from my heart. And so, like,  
2 in Katherine's e-mail, you know, she said that it's a  
3 fundamental alteration of the program. And, like, on  
4 one hand, I can see that, you know, if maybe I had  
5 gotten into an accident or something on my own, or if  
6 this was my own health problems, but this was, again,  
7 directly related to a vaccine I would not have gotten  
8 if I hadn't been told by the school that I needed to  
9 get it in order to attend future clinicals. And I've  
10 got all these -- these four experts in  
11 electrophysiology, cardiologists, who are all saying  
12 the same thing: this is from the vaccination. And so,  
13 yeah, that's kind of where I'm at right now.

14 I'm on multiple medications. I have  
15 them here with me. They're in my purse at all times.  
16 I've got metoprolol. I have flecanide that I'm taking  
17 to try and keep control of my heart. Three of those  
18 four electrophysiology cardiologists recommended that  
19 I get an ablation. The last one, Dr. Phan, said he  
20 would highly recommend against it just in case the  
21 efficacy of the vaccine wears off and those spike  
22 proteins that are in my heart causing this electrical  
23 conductivity problem end up basically just dissolving  
24 over time. And, you know, that's why, like, right  
25 now, they don't know if we're going to need to get

1 a -- a booster immunization at some point to keep up  
2 the immunity against it. And so he said it's possible  
3 that, over time, this problem could resolve itself.  
4 So as much as they're saying this appears to be  
5 permanent damage, especially after my EKG that showed  
6 that I had a heart attack and I've got ischemia now in  
7 my heart, it could also resolve itself. So he doesn't  
8 want to jump to ablation.

9 And when they did an echocardiogram,  
10 they said, I have valve -- leaky valves in my mitral  
11 valve and my tricuspid valve. So, again, are those  
12 permanent? I hope not. I pray not. I don't want  
13 open heart surgery. I don't want to have an ablation.  
14 I don't want to deal with any of this, but I have to.  
15 I'm kind of, like, thrust into this situation that,  
16 you know, it's -- it's terrible, to be honest with  
17 you.

18 They ordered a cardiac MRI for me to  
19 have, and the doctor gave me a 1 MG tablet of Advan  
20 to take because I've got claustrophobia when it comes  
21 to MRIs. I had thyroid cancer when I was 26. And so  
22 I, just going into the tube, there's a lot of, you  
23 know, hardship with that, like, mentally. It's a two  
24 and a half hour scan in the -- the MRI bore. So they  
25 gave me this 1 MG tablet. I took just a tiny chip of

1 it off. I mean, I broke it in quarters, and then I  
2 broke a quarter into, basically, it was almost like  
3 dust. But I'm really super sensitive to medications.  
4 I took it; I went into arrhythmia. So was it just  
5 because that was a random bout of arrhythmia, or was  
6 it the actual medication?

7 So the whole circumstance brings about  
8 an incredible amount of anxiety and depression that  
9 comes along with it, because I feel like I can't leave  
10 my house, I can't go anywhere without the possibility  
11 of going into arrhythmia. And then the thought of  
12 being dismissed from this program, it just makes me  
13 sick. I've -- I've wanted to do this my whole life.  
14 I don't want to take a deferment. I don't want to  
15 take an incomplete. I am desperately begging you to  
16 please work with me for anything so that I can finish  
17 my clinicals however I need to. But I -- I really,  
18 like, at this point, I don't know what to do. But I  
19 feel completely desperate.

20 And I know Katherine said that all the  
21 alternative assignments have been exhausted. I did,  
22 the first semester, I did 100 percent of my OB  
23 rotations in person and then the required pediatric  
24 rotations. I did, like, any of the other excused  
25 pediatric clinicals was through the elective class



1 that I was in for the PCH DEU.

2 DR. BEDNAREK: The PCH thing?

3 MS. DO: Yeah. And so, and I remember  
4 I had offered at one point to drop that in exchange  
5 for what I had already attended to count for any  
6 possible missed future pediatric rotations but I was  
7 told it was too late to do that. And so the pediatric  
8 rotation, the number of hours through the state  
9 requirement, I met that, whether it was through the  
10 elective or the core class.

11 But the state looks at the pediatric  
12 hours, not, like, what class they came from because  
13 they were at the same hospital doing the same  
14 activities for both classes. So the alternative  
15 clinical assignments that I was given for pediatrics,  
16 it was for the elective. So I -- I got through all of  
17 the pediatric hour requirements.

18 The alternative assignments, from what  
19 I understand, are according to that specific topic.  
20 So, for example, pediatric replacement assignments  
21 pertains to pediatrics, OB would pertain to OB, which  
22 I didn't need to do again because I went to those in  
23 person. And then critical care would be that, and  
24 then psychiatric would also be on that particular  
25 subject.

1                   So, for example, like, now I'm being  
2   told, you know, that the replacement assignments are  
3   exhausted for the overall program, but I've only  
4   missed a couple of hours' worth of the scheduled  
5   clinicals for critical care, not including today,  
6   because I did miss today. But I'm -- I'm just  
7   wondering if we can create more assignments for that  
8   or if there's anything that you have as a suggestion  
9   that's not inclusive of dropping the program, taking a  
10   deferment, taking it incomplete. Because, again, I  
11   wouldn't have this problem if I hadn't gotten  
12   vaccinated at the urgency of the school telling us we  
13   need to do this. Otherwise, you may not be allowed to  
14   go in to clinicals. And nobody would have known that  
15   I would be somebody that would have a reaction to it.  
16   The school wouldn't have known. I wouldn't have  
17   known. You know, nobody would have known, otherwise,  
18   I wouldn't have done it. I would have just done what  
19   I had to do outside of that. But I thought it'd be  
20   fine because, again, I'm pro-vaccine. I got all of my  
21   other required vaccinations before the program  
22   started. And so I'm not, like, pointing the finger at  
23   anybody, but it's just a really terrible situation  
24   that nobody could have seen coming. But now that it's  
25   here, and it is a direct relation to COVID and having

1     gotten a vaccine that I was told I needed to get on,  
2     again, multiple occasions from the school, I'm just  
3     hoping that there's something that you guys can do and  
4     maybe considering it from a different angle and not  
5     just, like, I've got this outside circumstance and I'm  
6     asking if you can do something to help me with that.  
7     Because, again, this is, like, directly from the  
8     vaccine.

9                     And so I know that I'm probably beating  
10    a dead horse with that, but by keep saying that, but,  
11    you know, that's, like -- sorry, I've got to get my  
12    charger out -- that's just, like, I -- I just keep  
13    coming back to that. Like, I wouldn't have gotten  
14    this vaccine if -- if I wasn't told that I needed to  
15    in order to attend clinicals. I was trying to keep  
16    the future patients safe. I was trying to keep myself  
17    safe, you know, knowing we would be going into  
18    hospitals and stuff. And so I don't know.

19                    I'm sorry. I'm talking a mile a  
20    minute, and I know that you critiqued me on that, but  
21    I'm really cognizant of the time, and I want to  
22    respect your 30 minutes that you gave us. And so I  
23    just, like, I had two pages worth of notes and I've  
24    got them pulled up and I've got them enlarged so I'm  
25    not squinting to see them, but I'm just, like, I'm

1 nervous -- I'm nervous you're going to tell me there's  
2 nothing that you can do. And, I mean, this program  
3 means the world to me. I love taking care of people.  
4 I don't know if you -- I mean, you've got so many  
5 students. I don't know how much you, like, look into  
6 our other assignments and stuff, but I really put my  
7 heart and soul into every assignment that I do because  
8 I want to learn from it. And if I have anything to  
9 offer other people, like, I want them to be able to  
10 learn from what I've written -- I'm still here. I'm  
11 just plugging in my -- okay. Sorry.

12 DR. BEDNAREK: I appreciate that, Sara.  
13 And I, first of all, I want to tell you that I am very  
14 sorry for what you are going through. I know that it  
15 has weighed a ton on you. I know that it has been an  
16 incredible journey for you and it hasn't been an easy  
17 one, and it's one that's been evolving and we've been  
18 right there with you. And I appreciate that you share  
19 this information with us. I know that you know this,  
20 but I feel compelled to tell you that you don't have  
21 to share anything with us that you're not comfortable  
22 sharing.

23 MS. DO: Mm-hmm.

24 DR. BEDNAREK: So I know that you feel  
25 the -- the need to because it illustrates the

1 situation and the severity. But you're talking to two  
2 nurses and one empathetic individual who understands  
3 that this is a serious medical condition. And we are  
4 -- we understand that we -- we empathize with what you  
5 are going through.

6 I want to make two important  
7 distinctions about what you said. So you're not  
8 removed from the program. That is not what  
9 Katherine's e-mail said, and nor is it where we sit.  
10 So I want to make sure that that is -- that is clear.  
11 You are not removed from the program.

12 If there were to be a situation where  
13 any student was removed from the program, there would  
14 be -- there would be a series of meetings,  
15 communications. It would be very clear and apparent.  
16 We don't -- we don't do that to students. It's not  
17 our -- our -- we're here for students and their  
18 success. We're here to support students and their  
19 success. So that isn't true.

20 Where we are is we're in a difficult  
21 situation because we've -- we've evolved as a society  
22 in a pandemic, and we've -- we've shifted from what  
23 was acceptable to what is current situation. And so  
24 you referenced a significant amount of time of  
25 previous and past. So I think it's really important

1 to understand that, as far as we're concerned, and as  
2 far as Arizona State nursing is concerned, because we  
3 are back in clinical placements. We have the ability  
4 to be in clinical facilities that have opened their  
5 doors to us. That we're not in the state that we were  
6 in six months ago, twelve months ago, and even sixteen  
7 months ago.

8 MS. DO: Mm-hmm.

9 DR. BEDNAREK: That it has changed.  
10 And so when you have evidence and you have data that  
11 support a change, then you have to change your  
12 practice.

13 MS. DO: Mm-hmm.

14 DR. BEDNAREK: And so that's what I  
15 mean by we've evolved as a school along with the  
16 guidance that's given to us, not only from the CDC,  
17 but from our State Board of Nursing. So it's really  
18 important that we have that distinction. And I know  
19 that that's confusing for you because you've seen  
20 things, you've had experiences that you referenced in  
21 the fall and in the spring. And then where we are  
22 right now, it feels different. And so I want to  
23 confirm that it is different.

24 MS. DO: Okay.

25 DR. BEDNAREK: And the reason that it

1 is different is because we're in a place where we're  
2 no longer -- we're no longer bound by the pandemic to  
3 provide clinical -- to not be able to provide clinical  
4 experiences. We can provide them.

5 MS. DO: Mm-hmm.

6 DR. BEDNAREK: And so it's very clear  
7 in state statutes that we have to provide experiences  
8 for our students. And even pre-pandemic, before this  
9 happened, as much as we liked a student or we  
10 empathized with the situation, we wouldn't be able to  
11 make exceptions. What we could do is develop a plan  
12 to help a student meet the expectation so that they  
13 could progress in the program. And that's where we  
14 find ourselves right now.

15 MS. DO: Okay.

16 DR. BEDNAREK: We can't make  
17 exceptions, but what we can do is develop a plan  
18 together for how we meet these outcomes.

19 MS. DO: Okay.

20 DR. BEDNAREK: Does that make sense  
21 that we're in a different space than we were?

22 MS. DO: Yeah -- yeah. I was -- and I  
23 was wondering about that when you brought that up.  
24 Like, if the delta variant ends up -- because I know  
25 that's, like, the primary one right now, and they're

1 saying it's only like 40-something protected with  
2 percentage, protected with the vaccine. If the  
3 country ends up basically shutting down again, would  
4 they just go back, like, in the fall to -- to what  
5 they were doing before to, like, do alternative  
6 assignments?

7 DR. BEDNAREK: You know, it's really  
8 difficult to say. It's very difficult to say. The  
9 State Board of Nursing, certainly not Edson, were in  
10 charge of what happened.

11 MS. DO: Mm-hmm.

12 DR. BEDNAREK: We were actually  
13 reacting to the situation in a community in panic and  
14 not having that information. So I don't know that it  
15 would happen the same, but it could.

16 MS. DO: Okay.

17 DR. KENNY: I can tell you what I know  
18 from national and local and state meetings that I  
19 attend regularly, like, weekly. Many organizations in  
20 educational, nursing, medical, health related schools  
21 think it was a big mistake to keep students away  
22 because it was all based on the unknown, and it was  
23 panic.

24 MS. DO: Yeah.

25 DR. KENNY: And there were decisions



1 that were made with no evidence because we had never  
2 had a worldwide pandemic.

3 MS. DO: Mm-hmm.

4 DR. KENNY: Now, in retrospect, they're  
5 saying, your know, once we had PPE, once we had all  
6 the precautions, once the vaccine came, we should not  
7 have kept the future health care providers who are  
8 graduating in one, two, and three years, we never  
9 should have kept them out. We should have been  
10 smarter to prepare them how to work in this type of  
11 situation. And also, at the time, we -- we didn't  
12 know if this was going to last one, two, three months  
13 or four.

14 MS. DO: Right.

15 DR. KENNY: Now, here we are, you know,  
16 a year and a half later, and as you mentioned, the  
17 variants are coming now. So we really don't know, and  
18 I certainly don't want to predict, but I wanted to  
19 just add to what Dr. Bednarek said. Students may  
20 never be prohibited again because we know -- we know  
21 that the majority of nurses who worked taking care of  
22 COVID patients never got the virus, with or without  
23 the vaccine.

24 MS. DO: Mm-hmm.

25 DR. KENNY: And again, realizing now we

1 have plenty of PPE when we didn't a year ago.

2 MS. DO: Right.

3 DR. KENNY: So, you know, that's just  
4 framing more of the -- the conversation as we think  
5 about looking ahead and what can we do?

6 MS. DO: Okay. That makes sense.

7 DR. BEDNAREK: So I think so where we  
8 where we sit right now, and I think what the crux of  
9 your question is in the conversation is, where do we  
10 go from here?

11 MS. DO: Yeah -- yeah. Pretty much.

12 DR. BEDNAREK: So we -- yeah -- we need  
13 to -- and the answer -- the answer is that we're --  
14 we're deeply concerned about you and we want to make  
15 sure that you're taken care of and that your health is  
16 a priority. So the interference, the fact that you  
17 are unable to attend clinical, it's, as a nurse, it's  
18 a little -- it tells me that this is a serious  
19 situation.

20 MS. DO: Mm-hmm.

21 DR. BEDNAREK: And so we want to  
22 support you in whatever you need to do to get the  
23 medical care that you need, which it sounds like you  
24 are --

25 MS. DO: Yeah -- yeah. Like, and

1 yesterday -- yesterday definitely would have been one  
2 of those days where I didn't go to the school if it  
3 was an option to take that test at home, but I didn't  
4 -- I took my medicine like I was supposed to and I was  
5 just desperately hoping that it would resolve itself.  
6 My doctor has told me I can titrate it up, my dose,  
7 according to if it's not resolved or not. And so I  
8 was doing that. But yesterday definitely would have,  
9 you know, because in our e-mail, the last one, you had  
10 said -- well, not the last one, but -- you had said  
11 previously, well, you know your condition and you know  
12 what parameters your doctor has put on you. Yesterday  
13 would have been one of those times where I knew my  
14 limit and I shouldn't have gone, but I didn't want to  
15 be that student that has to ask again, the teacher,  
16 can I take this at a later time? Can I take it at the  
17 testing center by my house? Can I, you know, take it  
18 at home? Because she's, you know, she's let it be  
19 known that she doesn't like doing the Zoom stuff and  
20 it's -- she doesn't like how it went, just the whole  
21 thing. She doesn't like it. And so I didn't want to  
22 rock that boat anymore than I already have, and so I  
23 went hoping that it would resolve and it got worse.  
24 And so that was one of those times where I knew my  
25 limitations, I pushed it and I regretted it. But, I

1 mean, not only did I basically fail the test, but, you  
2 know, I ended up in the hospital and I knew I should  
3 have just been at home, laying down, trying to sleep,  
4 hydrating, taking my medicine, all the things.

5 And so, yeah. I mean, I do have great  
6 doctors, you know, that are trying to also help me  
7 through this and figure out what doses of medicine I  
8 need and what types of medication, and, you know,  
9 they're kind of playing around with all that stuff  
10 right now until we can get it figured out.

11 Some days I feel fine. There's days  
12 where I don't have any arrhythmia at all. I can go  
13 two or three days and not have a single heart  
14 palpitation at all. And then -- and then there's  
15 moments where I can go from, you know, normal sinus  
16 rhythm to ventricular bigeminy within minutes and it's  
17 sustained for days. And that's kind of where I'm at  
18 right now.

19 And it's hard, because I don't want to  
20 preemptively say, I can't go back to clinicals.  
21 Because, again, there are days where I'm fine, and if  
22 it happens to coincide with a day that we're supposed  
23 to be there, then it works out great. The 12-hour  
24 shifts, or however long they are, they are a lot for  
25 me. Because, again, when I'm at home, I'm usually not

1 doing a whole lot because if I get my heart rate up, I  
2 go into arrhythmia. And it's not only super  
3 inconvenient, but it's very scary, especially knowing  
4 now that I've got this EKG that shows I had a heart  
5 attack recently because I feel like a ticking time  
6 bomb, you know?

7 DR. BEDNAREK: Yeah.

8 MS. DO: But again, I -- I could go and  
9 have a 30 second EKG strip done and I'm in normal  
10 sinus rhythm, but then as soon as they take it off, it  
11 could start again. So it's, like, so, you know,  
12 that's why I was, like, I can go to the doctor and get  
13 those letters of release that I can come back to  
14 school or clinicals, but there's no guarantee that  
15 it's not going to happen again.

16 DR. BEDNAREK: Sure. Understood.

17 MS. DO: That's why I'm just hoping for  
18 something that I maybe don't have to do the full  
19 entire shift and can break them up more or I don't  
20 know? Like, I honestly don't even know what the  
21 options are to ask about. But I know that I want to  
22 do it. I don't -- I don't want to circumvent the  
23 system. I'm just, like, I want to get it done. But I  
24 don't know how at this point.

25 DR. BEDNAREK: Sure -- sure.

1 MS. DO: Because it seems like every  
2 time I go and I'm trying to do this, like, to my  
3 heart's greatest ability, like, my mental heart and my  
4 physical heart, and something happens and then I try  
5 to push through it, it, I just, I mean, it just makes  
6 it worse.

7 DR. BEDNAREK: Sure. And I want to  
8 address that. We are unable to adjust clinical time.  
9 We are unable to reduce clinical time because that's  
10 the fundamental alteration of the clinical experience  
11 that Katherine was mentioning. And so we're bound by  
12 our accrediting body and by the State Board of Nursing  
13 to make sure that our students complete all hours. So  
14 that's where we sit.

15 Now, we could work with you to make up  
16 the hours missed today to complete the course. There  
17 is no guarantee we would be able to find additional  
18 space because we don't have -- we don't have the  
19 ability to just say we need 12 hours for one student.  
20 The greater Phoenix area is so jam packed with nursing  
21 schools and we're all vying for the same spaces. They  
22 really aren't available. But we would be able to try  
23 to get those for you to make up at a later time. But  
24 we could not reduce the amount of hours, if that makes  
25 sense?

1 MS. DO: Yeah. So I'm not asking for a  
2 reduction in hours, but maybe, like, per each shift?  
3 I mean, could I just do, like, half of a shift today  
4 and half a shift tomorrow for a total of one shift,  
5 like six hours today, six hours tomorrow, and that  
6 creates my twelve hours needed? Because it's really,  
7 like, these 12-hour shifts are --

8 DR. BEDNAREK: So there's a couple  
9 issues that I wanted to -- so first of all, you need  
10 24 hours in two days and so six and six doesn't equal  
11 24. But the other thing is, we're guests in the  
12 facility and so we cannot -- it's disruptive to a unit  
13 to have somebody step in and step out at specific  
14 times that are not coinciding with shift change. So  
15 that's why we model our clinical experience along the  
16 nurse's shift.

17 MS. DO: Mm-hmm.

18 DR. BEDNAREK: So we -- we can't -- we  
19 can't be a partner that does that for our -- for our  
20 students. Because we are only allowed in there with  
21 the expectation that we're going to be there the whole  
22 time, if that makes sense?

23 MS. DO: Mm-hmm.

24 DR. BEDNAREK: There is no agreements  
25 that we can make to bend that rule. They would --

1 what would potentially happen is they wouldn't let us  
2 return to that facility and that has happened before.

3 MS. DO: Okay.

4 DR. BEDNAREK: So what we would need to  
5 do is -- is try to find -- seek additional placement  
6 for you to make up the hours on an additional day. We  
7 would need to secure a faculty member because you  
8 could not be there or alone. You could not be there  
9 alone. And we would need to try to get this done  
10 knowing that we still have five more, or four more  
11 shifts. Correct? You have three?

12 MS. DO: I think there's --

13 DR. BEDNAREK: Tomorrow --

14 MS. DO: And then the week after --

15 DR. BEDNAREK: Tomorrow, Friday and  
16 Saturday, right?

17 MS. DO: Tomorrow and then, yeah. So  
18 three more.

19 DR. BEDNAREK: Four more because you  
20 missed today?

21 MS. DO: Yeah. For me. Yeah.

22 DR. BEDNAREK: And then -- and try to  
23 get that done by the end of the class.

24 MS. DO: Okay.

25 DR. BEDNAREK: And again, there's end



1 of the dynamically dated session, which I think is  
2 August 10th. And so we don't know what that would  
3 look like or how, but we will try. And what day that  
4 would be or what facility that would be? We don't  
5 have the luxury to say it has to be X, Y or Z because  
6 we are literally at the whim of our clinical partners.

7 MS. DO: Okay. Do you partner with any  
8 of, like, the smaller local hospitals? Like Abrazo  
9 Hospital --

10 DR. BEDNAREK: Give me an example?

11 MS. DO: Like, Abrazo Hospital.

12 DR. BEDNAREK: Mm-hmm. Yeah. We send  
13 students there.

14 MS. DO: I mean, it's, like, a single  
15 level. Like, because there's one out here in Gilbert,  
16 for example, it's a new one that they just opened. I  
17 don't know if that --

18 DR. BEDNAREK: Okay. So Abrazo, we do  
19 have a contract with but it is -- so we have to have a  
20 contract. Legally, we have to be able to send  
21 students there. It is for specific facilities. And  
22 my understanding is it's the larger ones within the  
23 greater Phoenix area, not in the West Valley.

24 MS. DO: Oh, okay.

25 DR. BEDNAREK: But I can look in see if

1 -- if you send me the name of the facility, I can see  
2 if it's covered under that.

3 MS. DO: Okay.

4 DR. BEDNAREK: And getting a contract  
5 would probably take about six months.

6 MS. DO: Oh, gosh. Okay.

7 DR. BEDNAREK: I know.

8 MS. DO: Okay.

9 DR. KENNY: And then we also have to  
10 remember our requirements to have a faculty on site  
11 with students so that's another consideration.

12 MS. DO: Okay. I'm so sorry for this.  
13 I see, like, I'm obviously causing a huge problem and  
14 I'm really sorry and I'm so grateful that you guys are  
15 helping me the way that you are because I know it's  
16 probably just a huge pain for you as well.

17 DR. BEDNAREK: Go ahead.

18 DR. KENNY: I would say that I  
19 appreciate that sentiment, but you are not a problem  
20 for us at all. So seriously, I know you feel that  
21 because we keep talking about requirements. I mean,  
22 there are options. But and I -- I will just say, I  
23 appreciate your very thoughtful suggestions and  
24 solutions because they make sense. They do. But,  
25 like things that happen out of the usual processes,

1 there are sometimes legal, sometimes, you know,  
2 different reasons why we can't go off script, if you  
3 will.

4 MS. DO: Sure -- sure. That's why I  
5 appreciate you guys talking to me because I don't know  
6 that angle at all. I'm just, like, from what makes  
7 sense to me in my mind, I just think, well I can at  
8 least present it. The worst you can do is say no.  
9 But I know, like, my biggest thing is that I  
10 desperately want to finish this program. I mean, I've  
11 worked for this, like, the prerequisites, the  
12 undergraduate. Like, this has been my goal, you know,  
13 to be a nurse and I really -- really want to do it and  
14 I want to finish this program so that I can then  
15 really focus on getting my heart back to where it  
16 needs to be. And I just -- I fear that if I were to  
17 take a deferment or an incomplete, I'm, you know, if I  
18 don't end up graduating on time, I'm going to forget  
19 so much of the knowledge, and then I risk not passing  
20 the NCLEX exam, you know? If I have to wait an  
21 additional six months or a year or whatever to finish  
22 a class that I had to take off and then try it again  
23 with the next cohort. I don't even know how that  
24 works, but it's still just concerns.

25 DR. BEDNAREK: Yeah. Of course. And

1 those are valid.

2 DR. KENNY: Well, I mean, I will tell  
3 you. We - we have, I won't say a lot, but enough  
4 students who do have to defer for one year, 18 months.  
5 They come back and we make certain that all of the  
6 learning outcomes are met, all the competencies are  
7 achieved, and that all of our graduates are prepared  
8 to take the NCLEX. So, you know, that's -- that's,  
9 you know, we don't know what the outcome of this  
10 conversation or the solution will be and it really,  
11 you know, we'll come up with something together with  
12 you.

13 MS. DO: Okay.

14 DR. KENNY: But that's a worry that I  
15 can tell you, we are dedicated to see all of our  
16 students who start the program that are eligible to  
17 complete, are able to complete. I would also just  
18 give you one thing to think about. And it's just a  
19 thought that came in, is that, you know, you want to  
20 be fully immersed and dedicated and learn and maintain  
21 and sustain that knowledge and the completion.

22 MS. DO: Mm-hmm.

23 DR. KENNY: So just a question that  
24 only you can answer for yourself is, how distracting  
25 is what you're going through right now, physically and

1 emotionally, impacting your ability to fully immerse  
2 yourself in your learning and your program? So that's  
3 -- it's just a question. It doesn't need an answer.  
4 I don't need an answer, but those are the things  
5 that's going through my mind. But I want to assure  
6 you that --

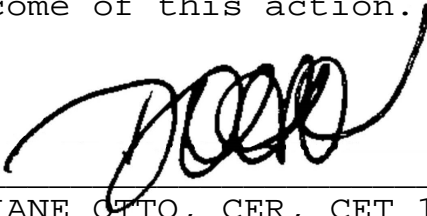
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Sara Do vs. Arizona State University  
Audio Transcription

07-09-2021  
Index: --l..closer

-	accrediting 24:12	attack 6:23 9:6 23:5	bout 10:5
--l 6:13	activities 11:14	attend 8:9 13:15 18:19 20:17	break 23:19
0	actual 10:6	attended 11:5	brings 10:7
0:05:17.0 3:3	Adavan 9:19	attributed 6:25	broke 10:1,2
1	add 19:19	audio 3:1	brought 17:23
1 9:19,25	additional 24:17 26:5,6 29:21	August 27:2	C
100 4:18 10:22	address 24:8	aware 4:4	called 5:15
10th 27:2	adjust 24:8	B	cancer 9:21
12 24:19	agreements 25:24	back 4:24 5:14 13:13 16:3 18:4 22:20 23:13 29:15	cardiac 9:18
12-hour 22:23 25:7	ahead 20:5 28:17	based 18:22	cardiologists 5:23 6:1 8:11,18
12-lead 6:14	aligns 6:2,18	basically 4:19,25 8:23 10:2 18:3 22:1	care 11:23 12:5 14:3 19:7,21 20:15,23
16 6:22	allowed 7:20 12:13 25:20	beating 13:9	case 5:4 8:20
2	alteration 8:3 24:10	Bednarek 3:4,6,8,12, 14 4:7 11:2 14:12,24 16:9,14,25 17:6,16,20 18:7,12 19:19 20:7,12, 21 23:7,16,25 24:7 25:8,18,24 26:4,13,15, 19,22,25 27:10,12,18, 25 28:4,7,17 29:25	causing 8:22 28:13
23 5:20	alternative 7:22 10:21 11:14,18 18:5	begging 10:15	CDC 16:16
24 25:10,11	amount 10:8 15:24 24:24	bend 25:25	center 21:17
26 9:21	angle 13:4 29:6	Benedict 3:12	change 16:11 25:14
3	anterior 6:24	Beshai 5:24	changed 16:9
30 13:22 23:9	anxiety 10:8	big 18:21	charge 3:19 18:10
31 4:18	anxious 3:24	bigeminy 5:8 22:16	charger 13:12
4	anymore 21:22	biggest 29:9	chip 9:25
40-something 18:1	apparent 15:15	bit 3:18	chosen 7:4
A	appears 9:4	Board 16:17 18:9 24:12	circumstance 10:7 13:5
ability 16:3 24:3,19	approved 7:8	boat 21:22	circumvent 23:22
ablation 8:19 9:8,13	area 24:20 27:23	body 24:12	class 4:21 10:25 11:10, 12 26:23 29:22
Abrazo 27:8,11,18	Arizona 16:2	bomb 23:6	classes 11:14
academic 3:19	arrhythmia 4:13 5:7,10 10:4,5,11 22:12 23:2	booster 9:1	claustrophobia 9:20
acceptable 15:23	assignment 14:7	bore 9:24	clear 15:10,15 17:6
accident 8:5	assignments 7:23 10:21 11:15,18,20 12:2, 7 14:6 18:6	bound 17:2 24:11	clinical 5:4,6,10 7:6,20 11:15 16:3,4 17:3 20:17 24:8,9,10 25:15 27:6
accommodations 7:22	Associate 3:16		clinicals 8:9 10:17,25 12:5,14 13:15 22:20 23:14
	ASU 7:16		closer 5:5
	ATI 4:13		

Sara Do vs. Arizona State University  
Audio Transcription

07-09-2021  
Index: cognizant..feel

<b>cognizant</b> 13:21	<b>COVID</b> 7:19,24,25 12:25 19:22	<b>distinction</b> 16:18	<b>empathize</b> 15:4
<b>cohort</b> 29:23	<b>create</b> 12:7	<b>distinctions</b> 15:7	<b>empathized</b> 17:10
<b>coincide</b> 22:22	<b>creates</b> 25:6	<b>Do_324.mp4</b> 3:2	<b>end</b> 5:10 7:14 8:23 26:23,25 29:18
<b>coinciding</b> 25:14	<b>critical</b> 11:23 12:5	<b>doctor</b> 9:19 21:6,12 23:12	<b>ended</b> 4:23 22:2
<b>College</b> 3:16	<b>critiqued</b> 13:20	<b>doctors</b> 5:25 22:6	<b>ends</b> 17:24 18:3
<b>comfortable</b> 14:21	<b>crux</b> 20:8	<b>doors</b> 16:5	<b>enlarged</b> 13:24
<b>commencement</b> 3:1	<b>current</b> 15:23	<b>dose</b> 21:6	<b>entire</b> 23:19
<b>communications</b> 15:15		<b>doses</b> 22:7	<b>equal</b> 25:10
<b>community</b> 18:13	<b>D</b>	<b>drips</b> 5:1	<b>evidence</b> 16:10 19:1
<b>compelled</b> 14:20	<b>damage</b> 6:12 9:5	<b>drop</b> 11:4	<b>evolved</b> 15:21 16:15
<b>complete</b> 24:13,16	<b>data</b> 16:10	<b>dropping</b> 12:9	<b>evolving</b> 14:17
<b>completely</b> 10:19	<b>dated</b> 27:1	<b>dust</b> 10:3	<b>exam</b> 29:20
<b>concentrate</b> 4:19	<b>day</b> 6:12 22:22 26:6 27:3	<b>dynamically</b> 27:1	<b>exceptions</b> 17:11,17
<b>concerned</b> 16:1,2 20:14	<b>days</b> 6:22 21:2 22:11, 13,17,21 25:10	<b>E</b>	<b>exchange</b> 11:4
<b>concerns</b> 29:24	<b>dead</b> 13:10	<b>e-mail</b> 4:11 5:13 8:2 15:9 21:9	<b>excused</b> 10:24
<b>condition</b> 6:1 7:24 15:3 21:11	<b>deal</b> 9:14	<b>e-mailed</b> 5:16	<b>exhausted</b> 10:21 12:3
<b>conditions</b> 6:3	<b>Dean</b> 3:16	<b>East</b> 4:24	<b>expectation</b> 17:12 25:21
<b>conductivity</b> 8:23	<b>decisions</b> 18:25	<b>easy</b> 14:16	<b>experience</b> 24:10 25:15
<b>confirm</b> 16:23	<b>deeply</b> 20:14	<b>echocardiogram</b> 9:9	<b>experiences</b> 16:20 17:4,7
<b>confusing</b> 16:19	<b>deferment</b> 10:14 12:10 29:17	<b>Edson</b> 3:16 18:9	<b>experts</b> 8:10
<b>consideration</b> 28:11	<b>delta</b> 17:24	<b>education</b> 7:17	
<b>contract</b> 27:19,20 28:4	<b>depression</b> 10:8	<b>educational</b> 18:20	<b>F</b>
<b>control</b> 8:17	<b>desperate</b> 10:19	<b>effect</b> 7:1	<b>facilities</b> 16:4 27:21
<b>conversation</b> 20:4,9	<b>desperately</b> 10:15 21:5 29:10	<b>effects</b> 8:1	<b>facility</b> 25:12 26:2 27:4 28:1
<b>conversations</b> 3:21, 23	<b>DEU</b> 11:1	<b>efficacy</b> 8:21	<b>fact</b> 7:10 20:16
<b>core</b> 11:10	<b>develop</b> 17:11,17	<b>EKG</b> 6:14,20 9:5 23:4,9	<b>faculty</b> 26:7 28:10
<b>Correct</b> 26:11	<b>difficult</b> 15:20 18:8	<b>EI</b> 5:24	<b>fail</b> 22:1
<b>count</b> 11:5	<b>direct</b> 7:11 12:25	<b>elective</b> 10:25 11:10,16	<b>failed</b> 4:19
<b>Counter</b> 3:3	<b>directly</b> 6:25 7:24 8:7 13:7	<b>electrical</b> 8:22	<b>fall</b> 16:21 18:4
<b>country</b> 18:3	<b>dismissed</b> 10:12	<b>electrophysiology</b> 5:23,25 8:11,18	<b>FDA</b> 7:8
<b>couple</b> 6:15 12:4 25:8	<b>disruptive</b> 25:12	<b>elevated</b> 6:17	<b>fear</b> 29:16
<b>cover</b> 7:23	<b>dissolving</b> 8:23	<b>elevation</b> 6:21	<b>feel</b> 7:17 10:9,19 14:20, 24 22:11 23:5 28:20
<b>covered</b> 28:2		<b>empathetic</b> 15:2	



Sara Do vs. Arizona State University  
Audio Transcription

07-09-2021  
Index: feels..long

<b>feels</b> 16:22		<b>Huy</b> 5:24 6:16	
<b>figure</b> 22:7	<b>H</b>	<b>hydrating</b> 22:4	<b>K</b>
<b>figured</b> 22:10	<b>half</b> 9:24 19:16 25:3,4		<b>Kai</b> 5:23
<b>file</b> 3:1	<b>hand</b> 8:4	<b>I</b>	<b>Katherine</b> 3:9,11,12,15 4:11 10:20 24:11
<b>find</b> 17:14 24:17 26:5	<b>happen</b> 18:15 23:15 26:1 28:25	<b>lgg</b> 6:5,6	<b>Katherine's</b> 5:13 8:2 15:9
<b>fine</b> 4:16 12:20 22:11, 21	<b>happened</b> 17:9 18:10 26:2	<b>lgm</b> 6:5,6	<b>Kathy</b> 3:15
<b>finger</b> 12:22	<b>happening</b> 7:18	<b>illustrates</b> 14:25	<b>Kenny</b> 3:15,16 4:2 18:17,25 19:4,15,25 20:3 28:9,18
<b>finish</b> 10:16 29:10,14, 21	<b>hard</b> 22:19	<b>immunity</b> 9:2	<b>Khoury</b> 5:24
<b>flecainide</b> 8:16	<b>hardship</b> 9:23	<b>immunization</b> 9:1	<b>kind</b> 5:17,21 8:13 9:15 22:9,17
<b>focus</b> 29:15	<b>health</b> 8:6 18:20 19:7 20:15	<b>important</b> 3:23 15:6,25 16:18	<b>knew</b> 4:22 21:13,24 22:2
<b>focused</b> 5:18	<b>heart</b> 6:12,23,24 7:2,18 8:1,17,22 9:6,7,13 14:7 22:13 23:1,4 24:3,4 29:15	<b>including</b> 12:5	<b>knowing</b> 13:17 23:3 26:10
<b>forget</b> 29:18	<b>heart's</b> 24:3	<b>inclusive</b> 12:9	<b>knowledge</b> 29:19
<b>forward</b> 4:4	<b>helping</b> 28:15	<b>incomplete</b> 10:15 12:10 29:17	
<b>framing</b> 20:4	<b>highly</b> 8:20	<b>inconvenient</b> 23:3	<b>L</b>
<b>Friday</b> 26:15	<b>hold</b> 5:2	<b>incredible</b> 10:8 14:16	<b>larger</b> 27:22
<b>full</b> 23:18	<b>home</b> 5:9,15 21:3,18 22:3,25	<b>individual</b> 15:2	<b>late</b> 11:7
<b>fundamental</b> 8:3 24:10	<b>honest</b> 9:16	<b>infarction</b> 6:18	<b>laying</b> 22:3
<b>future</b> 7:6 8:9 11:6 13:16 19:7	<b>honestly</b> 23:20	<b>information</b> 14:19 18:14	<b>leaky</b> 9:10
<b>G</b>	<b>hope</b> 9:12	<b>interference</b> 20:16	<b>learn</b> 14:8,10
<b>gave</b> 9:19,25 13:22	<b>hoping</b> 7:13 13:3 21:5, 23 23:17	<b>interval</b> 6:17,21	<b>leave</b> 4:22 5:12 10:9
<b>Gilbert</b> 27:15	<b>horse</b> 13:10	<b>inverted</b> 6:17	<b>leaving</b> 4:11
<b>Give</b> 27:10	<b>hospital</b> 4:24 5:3 11:13 22:2 27:9,11	<b>involved</b> 3:20	<b>left</b> 4:23 5:7,20 7:9
<b>goal</b> 29:12	<b>hospitals</b> 7:21 13:18 27:8	<b>ischemia</b> 6:24 9:6	<b>legal</b> 29:1
<b>gosh</b> 28:6	<b>hour</b> 9:24 11:17	<b>issues</b> 25:9	<b>Legally</b> 27:20
<b>graduating</b> 19:8 29:18	<b>hours</b> 7:23 11:8,12 24:13,16,19,24 25:2,5, 6,10 26:6	<b>IV</b> 5:1	<b>letters</b> 23:13
<b>grateful</b> 28:14	<b>hours'</b> 12:4	<b>J</b>	<b>level</b> 27:15
<b>great</b> 22:5,23	<b>house</b> 10:10 21:17	<b>jam</b> 24:20	<b>life</b> 10:13
<b>greater</b> 24:20 27:23	<b>huge</b> 28:13,16	<b>John</b> 5:24	<b>limit</b> 21:14
<b>greatest</b> 24:3		<b>joining</b> 3:18	<b>limitations</b> 21:25
<b>guarantee</b> 23:14 24:17		<b>journey</b> 14:16	<b>literally</b> 27:6
<b>guests</b> 25:11		<b>jump</b> 9:8	<b>local</b> 18:18 27:8
<b>guidance</b> 16:16			<b>long</b> 7:25 22:24
<b>guys</b> 13:3 28:14 29:5			

Sara Do vs. Arizona State University  
Audio Transcription07-09-2021  
Index: longer..priority

<b>longer</b> 5:7 17:2	26:20	<b>offered</b> 11:4	<b>personally</b> 7:3
<b>looped</b> 3:23	<b>mistake</b> 18:21	<b>office</b> 6:16	<b>pertain</b> 11:21
<b>lot</b> 9:22 22:24 23:1	<b>mitral</b> 9:10	<b>online</b> 4:15	<b>pertains</b> 11:21
<b>love</b> 14:3	<b>Mm-hmm</b> 14:23 16:8, 13 17:5 18:11 19:3,24 20:20 25:17,23 27:12	<b>open</b> 9:13	<b>Phan</b> 5:25 8:19
<b>luxury</b> 27:5		<b>opened</b> 16:4 27:16	<b>Phan's</b> 6:16
<hr/>		<b>operations</b> 3:19	<b>Phoenix</b> 24:20 27:23
<b>M</b>	<b>model</b> 25:15	<b>option</b> 4:14 21:3	<b>physical</b> 24:4
<b>made</b> 7:22 19:1	<b>moments</b> 22:15	<b>options</b> 23:21 28:22	<b>picture</b> 6:14
<b>majority</b> 19:21	<b>months</b> 16:6,7 19:12 28:5 29:21	<b>order</b> 8:9 13:15	<b>place</b> 5:19 17:1
<b>make</b> 4:4 15:6,10 17:11,16,20 20:14 24:13,15,23 25:25 26:6 28:24	<b>morning</b> 5:9	<b>ordered</b> 9:18	<b>placement</b> 26:5
<b>makes</b> 10:12 20:6 24:5, 24 25:22 29:6	<b>MRI</b> 9:18,24	<b>organizations</b> 18:19	<b>placements</b> 16:3
<b>means</b> 3:19 14:3	<b>MRIS</b> 9:21	<b>outcomes</b> 17:18	<b>plan</b> 17:11,17
<b>medical</b> 5:25 15:3 18:20 20:23	<b>multiple</b> 7:12 8:14 13:2	<hr/>	
<b>medication</b> 4:16,20 10:6 22:8	<b>mute</b> 4:3	<b>P</b>	<b>playing</b> 22:9
<b>medications</b> 5:1 8:14 10:3	<b>myocardial</b> 6:18	<b>packed</b> 24:20	<b>plenty</b> 20:1
<b>medicine</b> 21:4 22:4,7	<hr/>		<b>plugging</b> 14:11
<b>meet</b> 4:8 17:12,18	<b>N</b>	<b>pages</b> 13:23	<b>point</b> 5:6,12 6:12 9:1 10:18 11:4 23:24
<b>meetings</b> 15:14 18:18	<b>national</b> 18:18	<b>pain</b> 28:16	<b>pointing</b> 12:22
<b>member</b> 26:7	<b>NCLEX</b> 29:20	<b>palpitation</b> 22:14	<b>possibility</b> 10:10
<b>mental</b> 24:3	<b>needed</b> 4:22 7:5 8:8 13:1,14 25:6	<b>pandemic</b> 15:22 17:2 19:2	<b>potentially</b> 26:1
<b>mentally</b> 9:23	<b>nervous</b> 14:1	<b>panic</b> 18:13,23	<b>PPE</b> 19:5 20:1
<b>mentioned</b> 19:16	<b>night</b> 3:25 5:1	<b>parameters</b> 21:12	<b>practice</b> 6:2 16:12
<b>mentioning</b> 24:11	<b>normal</b> 6:19,20,21 22:15 23:9	<b>partner</b> 25:19 27:7	<b>pray</b> 9:12
<b>met</b> 11:9	<b>notes</b> 5:17 13:23	<b>partners</b> 27:6	<b>pre-pandemic</b> 17:8
<b>metoprolol</b> 8:16	<b>number</b> 11:8	<b>passing</b> 29:19	<b>precautions</b> 19:6
<b>MG</b> 9:19,25	<b>nurse</b> 20:17 29:13	<b>past</b> 15:25	<b>predict</b> 19:18
<b>mile</b> 13:19	<b>nurse's</b> 25:16	<b>patients</b> 6:4 13:16 19:22	<b>preemptively</b> 22:20
<b>mind</b> 29:7	<b>nurses</b> 15:2 19:21	<b>PCH</b> 11:1,2	<b>prepare</b> 19:10
<b>minute</b> 13:20	<b>nursing</b> 16:2,17 18:9, 20 24:12,20	<b>pediatric</b> 10:23,25 11:6,7,11,17,20	<b>prerequisites</b> 29:11
<b>minutes</b> 4:18 5:20 13:22 22:16	<hr/>		<b>present</b> 29:8
<b>missed</b> 11:6 12:4 24:16	<b>O</b>	<b>pediatrics</b> 11:15,21	<b>Pretty</b> 20:11
	<b>OB</b> 10:22 11:21	<b>people</b> 7:12 14:3,9	<b>previous</b> 15:25
	<b>occasions</b> 7:12 13:2	<b>percent</b> 10:22	<b>previously</b> 21:11
	<b>offer</b> 14:9	<b>percentage</b> 18:2	<b>primary</b> 17:25
		<b>permanent</b> 6:11 9:5,12	<b>prior</b> 6:19
		<b>person</b> 10:23 11:23	<b>priority</b> 20:16

Sara Do vs. Arizona State University  
Audio Transcription

07-09-2021  
Index: pro-vaccine..state

<b>pro-vaccine</b> 7:7 12:20	<b>reaction</b> 7:25 12:15	<b>risk</b> 29:19	<b>shifted</b> 15:22
<b>problem</b> 8:23 9:3 12:11 28:13,19	<b>realizing</b> 19:25	<b>rock</b> 21:22	<b>shifts</b> 22:24 25:7 26:11
<b>problems</b> 4:14 7:10 8:6	<b>reason</b> 16:25	<b>role</b> 3:18	<b>showed</b> 9:5
<b>processes</b> 28:25	<b>reasons</b> 29:2	<b>rotation</b> 11:8	<b>showing</b> 6:23
<b>program</b> 3:21 7:14 8:3 10:12 12:3,9,21 14:2 15:8,11,13 17:13 29:10, 14	<b>received</b> 6:25	<b>rotations</b> 10:23,24 11:6	<b>shows</b> 6:16 23:4
<b>progress</b> 17:13	<b>recently</b> 23:5	<b>rule</b> 25:25	<b>shutting</b> 18:3
<b>prohibited</b> 19:20	<b>recommend</b> 8:20		<b>sick</b> 10:13
<b>protected</b> 18:1,2	<b>recommended</b> 8:18	<hr/>	<b>significant</b> 15:24
<b>protein</b> 6:6	<b>reduce</b> 24:9,24	<b>S</b>	<b>single</b> 22:13 27:14
<b>proteins</b> 8:22	<b>reduction</b> 25:2	<b>safe</b> 13:16,17	<b>sinus</b> 22:15 23:10
<b>provide</b> 17:3,4,7	<b>referenced</b> 15:24 16:20	<b>Sara</b> 14:12	<b>sit</b> 15:9 20:8 24:14
<b>providers</b> 19:7	<b>regretted</b> 21:25	<b>Sarah</b> 4:2	<b>site</b> 28:10
<b>psychiatric</b> 11:24	<b>regularly</b> 18:19	<b>Saturday</b> 26:16	<b>sites</b> 7:6,21
<b>pulled</b> 13:24	<b>related</b> 7:19,24 8:7 18:20	<b>scan</b> 9:24	<b>sitting</b> 4:21
<b>purse</b> 8:15	<b>relation</b> 12:25	<b>scary</b> 23:3	<b>situation</b> 9:15 12:23 15:1,12,21,23 17:10 18:13 19:11 20:19
<b>push</b> 24:5	<b>release</b> 23:13	<b>scheduled</b> 12:4	<b>sixteen</b> 16:6
<b>pushed</b> 21:25	<b>relevant</b> 3:21	<b>school</b> 4:12 5:14 7:12 8:8 12:12,16 13:2 16:15 21:2 23:14	<b>sleep</b> 22:3
<b>put</b> 14:6 21:12	<b>remember</b> 11:3 28:10	<b>schools</b> 18:20 24:21	<b>smaller</b> 27:8
	<b>removed</b> 15:8,11,13	<b>script</b> 29:2	<b>smarter</b> 19:10
<hr/>	<b>replacement</b> 11:20 12:2	<b>secure</b> 26:7	<b>society</b> 15:21
<b>Q</b>	<b>require</b> 7:6	<b>seek</b> 26:5	<b>solutions</b> 28:24
<b>quarter</b> 10:2	<b>required</b> 7:23 10:23 12:21	<b>semester</b> 7:20 10:22	<b>soul</b> 14:7
<b>quarters</b> 10:1	<b>requirement</b> 11:9	<b>semesters</b> 4:15	<b>sounds</b> 20:23
<b>question</b> 20:9	<b>requirements</b> 11:17 28:10,21	<b>send</b> 6:14 27:12,20 28:1	<b>space</b> 17:21 24:18
<b>questions</b> 4:18	<b>resolve</b> 9:3,7 21:5,23	<b>sense</b> 17:20 20:6 24:25 25:22 28:24 29:7	<b>spaces</b> 24:21
<b>quickly</b> 4:17	<b>resolved</b> 21:7	<b>sensitive</b> 10:3	<b>span</b> 6:22
<hr/>	<b>respect</b> 13:22	<b>sentiment</b> 28:19	<b>specific</b> 11:19 25:13 27:21
<b>R</b>	<b>rest</b> 4:25	<b>series</b> 15:14	<b>spike</b> 6:6 8:21
<b>random</b> 10:5	<b>result</b> 7:11	<b>session</b> 27:1	<b>spring</b> 16:21
<b>rare</b> 6:3	<b>retrospect</b> 19:4	<b>severity</b> 15:1	<b>squinting</b> 13:25
<b>rate</b> 23:1	<b>return</b> 26:2	<b>share</b> 4:8 14:18,21	<b>ST</b> 6:17,21
<b>reach</b> 3:25	<b>rhythm</b> 22:16 23:10	<b>sharing</b> 14:22	<b>start</b> 3:3 23:11
<b>reached</b> 4:7		<b>shift</b> 23:19 25:2,3,4,14, 16	<b>started</b> 12:22
<b>reacting</b> 18:13			<b>state</b> 11:8,11 16:2,5,17

Sara Do vs. Arizona State University  
Audio Transcription

07-09-2021  
Index: statutes..Zoom

17:7 18:9,18 24:12	<b>telling</b> 12:12	<b>types</b> 22:8	<b>week</b> 6:15 26:14
<b>statutes</b> 17:7	<b>tells</b> 20:18		<b>weekly</b> 18:19
<b>stay</b> 5:18	<b>term</b> 7:25	<b>U</b>	<b>weeks</b> 6:15,19
<b>step</b> 25:13	<b>terrible</b> 9:16 12:23	<b>unable</b> 20:17 24:8,9	<b>weighed</b> 14:15
<b>straight</b> 7:15	<b>test</b> 4:13,17,19,21 21:3 22:1	<b>uncommon</b> 3:22	<b>West</b> 27:23
<b>strip</b> 23:9	<b>testing</b> 21:17	<b>undergraduate</b> 7:16 29:12	<b>whim</b> 27:6
<b>student</b> 3:20 7:15 15:13 17:9,12 21:15 24:19	<b>tests</b> 6:5	<b>understand</b> 11:19 15:4 16:1	<b>wondering</b> 12:7 17:23
<b>students</b> 7:6 14:5 15:16,17,18 17:8 18:21 19:19 24:13 25:20 27:13,21 28:11	<b>thing</b> 8:12 11:2 21:21 25:11 29:9	<b>understanding</b> 27:22	<b>work</b> 4:17 7:13 10:16 19:10 24:15
<b>students'</b> 3:20	<b>things</b> 16:20 22:4 28:25	<b>understands</b> 15:2	<b>worked</b> 19:21 29:11
<b>stuff</b> 5:1 7:18 13:18 14:6 21:19 22:9	<b>thought</b> 10:11 12:19	<b>Understood</b> 23:16	<b>works</b> 22:23 29:24
<b>subject</b> 11:25	<b>thoughtful</b> 28:23	<b>unit</b> 25:12	<b>world</b> 14:3
<b>success</b> 15:18,19	<b>thrust</b> 9:15	<b>unknown</b> 18:22	<b>worldwide</b> 19:2
<b>suggestion</b> 12:8	<b>thyroid</b> 9:21	<b>urgency</b> 12:12	<b>worse</b> 4:23 21:23 24:6
<b>suggestions</b> 28:23	<b>ticking</b> 23:5	<b>usual</b> 28:25	<b>worst</b> 29:8
<b>Sung</b> 5:24	<b>time</b> 3:3 6:22 8:24 9:3 13:21 15:24 19:11 21:16 23:5 24:2,8,9,23 25:22 29:18	<b>V</b>	<b>worth</b> 12:4 13:23
<b>super</b> 7:17 10:3 23:2	<b>times</b> 8:15 21:13,24 25:14	<b>vaccinated</b> 7:7 12:12	<b>written</b> 14:10
<b>support</b> 15:18 16:11 20:22	<b>tiny</b> 9:25	<b>vaccination</b> 7:1 8:12	<b>wrote</b> 5:18
<b>supposed</b> 21:4 22:22	<b>titrate</b> 21:6	<b>vaccinations</b> 12:21	<b>Y</b>
<b>surgery</b> 9:13	<b>today</b> 3:17 5:4,11 12:5, 6 24:16 25:3,5 26:20	<b>vaccine</b> 6:3,8,10 7:4,11 8:7,21 13:1,8,14 18:2 19:6,23	<b>year</b> 19:16 20:1 29:21
<b>sustained</b> 22:17	<b>told</b> 7:5,11 8:8 11:7 12:2 13:1,14 21:6	<b>Valley</b> 4:25 27:23	<b>years</b> 7:16 19:8
<b>system</b> 23:23	<b>tomorrow</b> 25:4,5 26:13,15,17	<b>valve</b> 9:10,11	<b>yesterday</b> 4:11 5:14 21:1,8,12
<b>T</b>	<b>ton</b> 14:15	<b>valves</b> 9:10	<b>Z</b>
<b>T-WAVE</b> 6:17	<b>topic</b> 11:19	<b>variant</b> 17:24	<b>Ziad</b> 5:24
<b>T-WAVES</b> 6:20	<b>total</b> 25:4	<b>variants</b> 19:17	<b>Zoom</b> 21:19
<b>tablet</b> 9:19,25	<b>tricuspid</b> 9:11	<b>ventricular</b> 5:8 22:16	
<b>taking</b> 8:16 12:9,10 14:3 19:21 22:4	<b>true</b> 15:19	<b>virus</b> 6:4 19:22	
<b>talk</b> 5:16	<b>tube</b> 9:22	<b>vyng</b> 24:21	
<b>talking</b> 13:19 15:1 28:21 29:5	<b>twelve</b> 16:6 25:6	<b>W</b>	
<b>teacher</b> 21:15	<b>type</b> 19:10	<b>wait</b> 29:20	
		<b>wanted</b> 4:8 10:13 19:18 25:9	
		<b>wears</b> 8:21	

# **EXHIBIT 19**

Sara Do vs. Arizona State University  
Audio Transcription

07-09-2021

1

1 UNITED STATES DISTRICT COURT

2 DISTRICT OF ARIZONA

3  
4 Sara Do, an Individual,

5 Plaintiff,

6 v.

Case No.

7 Arizona State University;

2:22-cv-00190-JJT

8 Arizona Board of Regents, an

9 Arizona State Entity;

10 Valleywise Health; Valleywise

11 Health Medical Center; Dr.

12 Kimberly Day, an unmarried

13 person; Dr. Salina Bednarek

14 and Joshua Bednarek, wife and

15 husband; Dr. Margaret Morris

16 and Phillip Morris, wife and

17 husband; Candace Keck and

18 Jonathan Keck, wife and

19 husband,

20 Defendants.

21  
22  
23  
24  
25  


Sara Do vs. Arizona State University  
Audio Transcription

07-09-2021

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AUDIO-RECORDED INTERVIEW

7

OF

8

SARA DO

9

RE: SARA DO VS. ARIZONA STATE UNIVERSITY

10

July 9, 2021

11

12

13

(File Name: Do\_000325.mp4)

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22 Prepared by:

23 Diane Otto, CER, CET

24 Certified Electronic Transcriber

25 Certification No. 1353

1 (Commencement of audio file:  
2 Do\_325.mp4)

3 Counter Start Time: 0:00:00.0

4 MS. KENNY: -- allow you to meet the  
5 requirements after we've exhausted all options. Not  
6 being able to complete a semester on time is  
7 disappointing, devastating to you, but we know that  
8 there's a way for you to be successful despite that.

9 MS. DO: Okay.

10 DR. KENNY: So it's more of a -- more  
11 of I hope I'm -- I'm letting you know that there are  
12 options that we will work every which way we can, but  
13 I don't want you to feel the pressure of having to  
14 stay on track right now when you've got a lot of  
15 things about yourself to be concerned about, and we  
16 are too.

17 MS. DO: Mm-hmm.

18 DR. KENNY: I mean, we do not want to  
19 add -- I don't -- I can't speak for anybody else, but  
20 I kind of can. I mean, there is no way I or the  
21 program would want to put any pressure on you to do  
22 something that is -- has consequences for you  
23 physically, emotionally, personally related to what's  
24 going on right now.

25 DR. BEDNAREK: Yeah.



1 MS. DO: I really appreciate that. I'm  
2 my harshest critic, and I put a lot of pressure on  
3 myself to -- to, you know, perform like I expect of  
4 myself. So I don't feel the pressure at all from the  
5 school. I don't feel anybody saying, you have to do  
6 this, you know? I do seek clarification sometimes,  
7 like, when I see words like "deferment" or  
8 "incomplete," because that scares me. You know, it  
9 makes me wonder, like, would I have to repeat the  
10 whole class if I don't finish these clinical hours by  
11 August 10th, I think you said? Or would I just have  
12 to make them up sometime before graduation?

13 You know, because my initial thought  
14 is, when I hear deferment or incomplete, that means in  
15 my mind that I have to retake that whole class. And  
16 I'm, like, when am I going to do it next year with the  
17 third Cohort that's doing this program. And I have to  
18 wait till the summer semester before this class comes  
19 in again for me to take? Would the clinicals that I  
20 have made it to, would those be erased and I have to  
21 start all over, or would those count? So those are,  
22 like, my gut reaction, like, my fears.

23 DR. BEDNAREK: Yeah. Those are --  
24 those are really good questions. Those are really  
25 good questions. And if you withdraw and take a

1 deferment and you don't finish this semester and you  
2 take the grade that's given to you right now, you  
3 would need to repeat that class.

4 MS. DO: Okay.

5 DR. BEDNAREK: An incomplete, though,  
6 stops the clock in time, and then you pick up where  
7 you left off and you start where you can when the  
8 complete is being --

9 DR. KENNY: And you do not pay for the  
10 class again.

11 DR. BEDNAREK: Yeah.

12 MS. DO: Oh, that was a good thing that  
13 you said because I would have wondered about that  
14 later.

15 DR. KENNY: Now, an incomplete means  
16 you actually have a year, by university standards.  
17 Now, there are some other progression caveats to that,  
18 but I mean, you can, you know, like -- like Dr.  
19 Bednarek said, stop the clock and finish at a later  
20 date. You don't have to pay for the course again, but  
21 you do have to meet the competencies and the outcome.

22 MS. DO: Sure. Okay.

23 DR. BEDNAREK: And then, the part of  
24 that for the program is that there are prerequisites  
25 for, you know, certain courses.

1 MS. DO: Mm-hmm.

2 DR. BEDNAREK: So you could, if it  
3 wasn't a requisite for future courses, you could take  
4 the other classes in lieu and then come back to this  
5 one when we offered it again. So your graduation may  
6 not be in May. We offer it in the summer, it might be  
7 in August.

8 MS. DO: Okay.

9 DR. BEDNAREK: Something like that.  
10 But then, that's with the assumption that everything  
11 else goes with planned too.

12 MS. DO: Right.

13 DR. BEDNAREK: So we could be -- this  
14 is a -- this is a situation where it sounds like  
15 there's no easy fix. So whether we're right now or  
16 we're later, we're bumping into hours and not able to  
17 complete them, it's still an issue we have to contend  
18 with.

19 MS. DO: Right. Okay -- okay. Yeah.  
20 That sounds good.

21 DR. BEDNAREK: So, Katherine, I'm  
22 sorry, I don't know did you want to say something?

23 MS. BENEDICT: I was just going to  
24 second that. Like, you're -- when you were talking  
25 about, like, being a bother or anything, it's not like

1 that at all. We were just making sure we want to  
2 support you and there -- there are some bounds --  
3 boundaries to what we can do. And so that's just  
4 we're having conversations around that. So we want  
5 you to be successful. You're not a bother or anything  
6 like that. We -- we want to be able to support you  
7 and do it within what we are, like, legally allowed to  
8 do and everything like that. So that's all that I had  
9 wanted to add earlier.

10 MS. DO: I appreciate that.

11 MS. BENEDICT: And one other thing I  
12 wanted to highlight too, as far as accommodations go,  
13 you know, I believe I had sent an e-mail a little  
14 while ago about accommodation with flexibility for  
15 attendance in, like, class.

16 MS. DO: Mm-hmm.

17 MS. BENEDICT: And I know you were  
18 sharing kind of how you were feeling earlier about you  
19 didn't want to be that student that has to ask for  
20 something. Again, this is a really great time, at  
21 least for the class aspect, it kind of is different  
22 from clinical because there's -- clinical is  
23 determined by the board. There's not as much, like,  
24 flexibility with that. But class, we can work with  
25 your professors. And that could have been a situation

1 where you could utilize that and say, I can't go to  
2 class today. And loop me in on the e-mail when you  
3 let the professor know, and then we can try and  
4 reschedule you to have your exam in our testing  
5 center, something like that. Like, what we had done  
6 previously.

7 MS. DO: Yeah.

8 MS. BENEDICT: So that way you don't  
9 have to necessarily put yourself in a situation where  
10 it might escalate your symptoms or might put you into  
11 a worse situation.

12 MS. DO: Okay. I appreciate that.  
13 That was one of my questions I had, how it would work?

14 MS. BENEDICT: Yeah.

15 MS. DO: Because I know next semester  
16 they're wanting to do, like, in classes primarily. I  
17 think I saw somewhere that some teachers may still  
18 offer the Zoom. I'm not sure if I misread that or  
19 something. I don't know what I saw. Maybe it was my  
20 pharmacology teacher. I think he mentioned something,  
21 like, that he would still be recording classes because  
22 he likes, you know, to be able to go back and --

23 DR. BEDNAREK: That's actually a  
24 university rule. That's not a -- that's not a MEPN or  
25 Edson college rule, that is a university rule.

1 MS. DO: Okay.

2 DR. BEDNAREK: And so we won't be  
3 offering synchronous sessions anymore.

4 MS. DO: Okay.

5 DR. BEDNAREK: Students have to go to  
6 class if they want the material.

7 MS. DO: Okay.

8 DR. BEDNAREK: And the part about  
9 testing in person, that was a programmatic decision  
10 supported by Dr. Kenny that all exams would be in  
11 person starting this summer.

12 MS. DO: Okay.

13 DR. BEDNAREK: Because we have  
14 significant concerns about integrity, not related to  
15 you or anyone in your class, just in general, that we  
16 needed to institute a change immediately.

17 MS. DO: Okay.

18 DR. BEDNAREK: So we did that. So that  
19 is not progressive tech doing that. That is actually  
20 the program doing that and making a decision that  
21 needed to be implemented. So if, for whatever reason,  
22 you need the flexible time, there will not be the  
23 option to do it at home.

24 MS. DO: Okay.

25 DR. BEDNAREK: If you can make a

1 reservation or an appointment to do it at a place that  
2 is more suiting for yourself, sometimes we can be  
3 flexible on the time, but the mode will not be --

4 MS. DO: Okay -- okay.

5 DR. KENNY: Can I -- I just want to add  
6 one more thing about testing. Our Arizona State Board  
7 of Nursing actually has an advisory opinion and  
8 advisory group on testing, and they are really -- they  
9 -- they have advised us as much as possible, which  
10 means now it is possible to have in person testing.  
11 Because, you know, again, not related to you at all,  
12 but the incidence of remotely being able to, you know,  
13 cheat on the test, basically.

14 MS. DO: Mm-hmm.

15 DR. KENNY: So this is a statewide  
16 mandate. It's not, again, it's not even the  
17 university. It's above the university. So, yeah,  
18 there's a lot of behind the scenes things that most of  
19 the time can remain invisible, but sometimes they  
20 can't.

21 MS. DO: Yeah. Right. Okay. So,  
22 like, next semester, like, if I had an issue where I  
23 couldn't attend a class, so the professors, as part of  
24 an accommodation, couldn't record the way they do now,  
25 so I could see what happened during that class, I

1 would just miss it?

2 MS. BENEDICT: So it'll depend on the  
3 class. So what I suggest to students is, in the  
4 beginning of the semester, meet with your professor to  
5 discuss the flexible attendance accommodation. This  
6 is kind of where you can set up guidelines of what  
7 that looks like with the professor.

8 So, like, if you do have to miss on the  
9 day of the exam, what's your guys' protocol? How do  
10 you let them know? Do you text them? Do you e-mail  
11 them? How far in advance can you let them know if you  
12 do need to miss class? And I know that's kind of  
13 variable, depending on how each student is impacted by  
14 their symptoms and everything like that.

15 MS. DO: Yeah.

16 MS. BENEDICT: So that's kind of where  
17 that back and forth can happen.

18 MS. DO: Okay.

19 MS. BENEDICT: And then also, like,  
20 discussing how you make up, like, in class visitation  
21 or in class experience, will they provide you a  
22 recording, or do you need to get with, like, a peer to  
23 get notes or kind of what the plan is for that.

24 MS. DO: Okay.

25 MS. BENEDICT: So it kind of is, like,



1 a back and forth agreement on how that will work,  
2 because each class is so unique in the fundamental  
3 nature of it and how it's taught and how it's  
4 structured but it's not kind of, like, a one size fits  
5 all.

6 MS. DO: Yeah.

7 MS. BENEDICT: It's kind of an  
8 interactive process with the professor.

9 MS. DO: Okay. That makes sense.  
10 Thank you.

11 MS. BENEDICT: And that's part of  
12 what's important of, like, selecting the  
13 accommodations to in your portal. And let me know if  
14 I need to send you the e-mail and the steps on how to  
15 do that again or anything like that. But getting  
16 those notifications sent out early so then the  
17 professors are aware as well of the accommodations you  
18 have in class also.

19 MS. DO: Okay. Thank you.

20 MS. BENEDICT: Mm-hmm. Any other  
21 questions around, like, flexible attendance or  
22 accommodations in general?

23 MS. DO: No, I don't think so. I can  
24 e-mail you if I think of some.

25 MS. BENEDICT: Definitely.

1 MS. DO: Thank you.

2 DR. BEDNAREK: So I think what the next  
3 steps are -- and correct me if I'm wrong, Sara -- that  
4 I need to try to find clinical placements to make up  
5 12 hours for you this -- this semester. I'll keep you  
6 in the loop about what that looks like or how that  
7 happens. And then to meet the objectives of your  
8 course, because I have clinicals, but I don't have  
9 complex care clinicals everywhere.

10 MS. DO: Okay.

11 DR. BEDNAREK: And so the -- that --  
12 that'll be the thing that I need to work on. And then  
13 we'll need to assess as we get -- as we continue on.  
14 So, like, tomorrow.

15 MS. DO: Mm-hmm.

16 DR. BEDNAREK: Since you've been in the  
17 hospital, though, I think you need a medical clearance  
18 for returning class per Edson policy. Did you happen  
19 to get one when you were discharged?

20 MS. DO: I didn't. No. To say that I  
21 could go back?

22 DR. BEDNAREK: Yeah.

23 MS. DO: No.

24 DR. BEDNAREK: And it's Friday at five.

25 MS. DO: Because this is -- Yeah,

1 right.

2 DR. BEDNAREK: It's, like, a hard time,  
3 isn't it?

4 MS. DO: Exactly like last time. Yeah.  
5 Right. So, and like I told you before, like, I never  
6 know when it's going to happen. Like, I could be fine  
7 for three days in a row and it's usually about that  
8 three day mark. That's why I'm saying three days.  
9 It's usually three days or so, give or take, and then  
10 it'll just out of nowhere.

11 And it does, you know, it's worse with  
12 any kind of, like, fatigue. It's worse with stress.  
13 If I have, like, a surge of adrenaline, it can get it  
14 started, stuff like that, it makes it worse. So I'm  
15 really trying to make sure that I'm well hydrated,  
16 that I'm, you know, not fatigued at all.

17 Stress, I can't really help a whole  
18 lot. You know, I get stressed out really easy about  
19 stuff, but I try to alleviate as much of that as  
20 possible because I don't like experiencing this. It's  
21 super scary.

22 I mean, you know, when your heart  
23 doesn't work right, it messes with your mind. You  
24 start wondering, like, is this it? Like, am I going  
25 to die at this point? Because, you know, you feel

1 like you've got to hold yourself against the wall  
2 because you're going to pass out or whatever.

3 But, like I had said before, you know,  
4 like, I -- I can go get that letter of clearance to  
5 let me go right back and I could be fine for five  
6 hours. And then all of a sudden, out of nowhere, it's  
7 just, like, here it is again, so.

8 DR. BEDNAREK: Yeah.

9 MS. DO: That's the problem with trying  
10 to figure out, like, where is my medication dose, what  
11 am I supposed to be taking? What worked, like, when  
12 all this started isn't working anymore so they're  
13 adding different things in it. Started out with just  
14 a small amount of metoprolol. Now they're adding in  
15 flecainide. So I've got two different heart  
16 medications trying to work together.

17 And now, with that EKG that showed that  
18 I had a heart attack, you know, then they're talking  
19 about other things and I don't know, it's kind of a  
20 mess. So, I mean, I'm kind of, I don't know. I'm at  
21 your mercy at this point. Please be gentle.

22 DR. BEDNAREK: Well, and I know that  
23 all that, you know, in my realm of understanding how  
24 things are tells me that your health needs to be the  
25 priority.

1 MS. DO: Yeah.

2 DR. BEDNAREK: Because that's not small  
3 things.

4 MS. DO: Yeah.

5 DR. BEDNAREK: That is not something  
6 you can just bounce to do.

7 MS. DO: Yeah.

8 DR. BEDNAREK: And so you -- you have  
9 people that you have to take care of, that you need to  
10 be concerned about, you have to be concerned about  
11 you.

12 MS. DO: Right.

13 DR. BEDNAREK: I'm not sure where  
14 school fits in, in this priority list?

15 MS. DO: Yeah. I'm trying to push it  
16 up to the very top, and that's why I'm trying to push  
17 through this stuff and then I end up paying for it.  
18 But, you know, like -- like I said yesterday, if I --  
19 if I felt like I had the ability to say I can't go  
20 today, I would have said that. That would have been  
21 one of those days where I'm, like, it's going to get  
22 worse if I don't take care of it because the medicines  
23 aren't working like they should, and like I expect  
24 them to.

25 Any other time, you know, I can tell if

1 I -- if I have palpitations early in the day, even if  
2 they're intermittent, it will usually get worse  
3 throughout the day. But that's not to say that they  
4 won't just pop up out of nowhere.

5 So, I mean, I feel like I could get  
6 those letters of clearance, but I feel like that's  
7 more of a technicality, which I understand if the  
8 school needs it as a technicality, but it's not a  
9 guarantee that it's not going to happen later.

10 DR. BEDNAREK: Well, and let me just  
11 explain to you the reason. If you pass out -- if you  
12 pass out because we knew all this information and  
13 you're really hurt and we didn't have clearance for  
14 you to go back --

15 MS. DO: Yeah.

16 DR. BEDNAREK: -- it would be -- it  
17 would be problematic for Edson College.

18 MS. DO: Yeah. For sure.

19 DR. BEDNAREK: That's why. It's not to  
20 be punitive for you.

21 MS. DO: Yeah.

22 DR. BEDNAREK: It's because you sound  
23 like you have a very significant acute myocardial  
24 problem right now.

25 MS. DO: Mm-hmm.

1 DR. BEDNAREK: That-- that is -- is --  
2 we don't -- we don't know, just like you don't know,  
3 we don't know what's going to happen. And so we want  
4 to make sure that you're safe, the patients you're  
5 caring for are safe.

6 MS. DO: Yeah.

7 DR. BEDNAREK: And without somebody  
8 telling us that this is a situation that is in  
9 control, we don't really know. And every student has  
10 to have a clearance. No student is allowed into our  
11 program that says that they can't endure long stints,  
12 they can't lift certain amount of pounds, they don't  
13 have all the health and safety requirements to be in  
14 there. It's because of the conditions that you go  
15 into every time that you're in that uniform.

16 MS. DO: Right.

17 DR. BEDNAREK: And so it's not  
18 arbitrary to you. It's every student has to be  
19 cleared medically to be able to perform.

20 MS. DO: Yeah. Sure.

21 DR. BEDNAREK: Because we know what  
22 it's like to not have water, to not -- to stand for  
23 long periods on time -- at a time.

24 MS. DO: Yeah.

25 DR. BEDNAREK: So when we have

1 something like this that we already know is a problem  
2 with that, that makes it really hard to reconcile that  
3 it's safe for you to go.

4 MS. DO: Yeah. No. I see where you're  
5 coming from. And -- and, you know, what's -- what's  
6 tough about this is that in the beginning, I had that  
7 letter of clearance before I started the program, and  
8 I was super healthy. And, you know, it was that -- it  
9 was that COVID vaccine that just completely, I mean, I  
10 feel like it ruined my life, as much as it may have  
11 saved my life at this point, too, because, you know, I  
12 was exposed to that nursing assistant at the Shepherd  
13 Junior High that day. She tested positive, like, the  
14 next day for COVID, and I was around her all day long,  
15 like, within arm's distance from each other, and she  
16 kept taking her mask down.

17 And so, I mean, the vaccine may have  
18 saved my life at this point, but I feel like it's also  
19 cost me my life because I've given so much up now  
20 because of what I have to deal with. So, I mean, it's  
21 -- it's, like, a double edged sword, because when I  
22 started, I was a picture perfect of health. I mean,  
23 sure, I was a little chubby, but, I mean, aside from  
24 that, I was, you know, very healthy and didn't have  
25 any of these problems or any concerns about, you know,



1 any of this stuff, whatsoever.

2 DR. BEDNAREK: Sure.

3 MS. DO: And now, it's here because of,  
4 you know, something that I did, trying to protect the  
5 patients and myself and be able to go into the  
6 clinical experiences and stuff. So it's, yeah, it's  
7 kind of like a shot in the foot.

8 DR. BEDNAREK: Sure -- sure. Dr.  
9 Kenny, what do you think about that clearance, that we  
10 need one for her to return?

11 DR. KENNY: Well, when are you supposed  
12 to go to clinical? Tomorrow?

13 MS. DO: Yes.

14 DR. KENNY: Did you stay overnight in  
15 the hospital, or was it an emergency room?

16 MS. DO: It was in the emergency  
17 department. Yeah. It was -- I wasn't admitted, but I  
18 was there throughout the night until they let me  
19 leave.

20 DR. KENNY: It's a hard question. And  
21 this is the same thing, I think, that happened on  
22 another Friday night that I knew about.

23 MS. DO: Yeah, it was.

24 DR. KENNY: So here's what I'm going to  
25 suggest to you moving forward. If you are under

1 medical care in the hospital for any reason, you  
2 should get a release right then.

3 MS. DO: Okay.

4 DR. KENNY: So, you know, I understand  
5 what you're saying. You know, how you feel. You know  
6 if you can go or can't go. I would say, go tomorrow  
7 if you feel up to it. If you don't feel up to it,  
8 though, you need to notify your clinical instructor in  
9 plenty of time that you won't be there.

10 MS. DO: Mm-hmm.

11 DR. KENNY: And I would say, if you  
12 have any doubt that you're not going to be able to  
13 stay the whole shift, then take off the whole day.

14 MS. DO: Okay.

15 DR. KENNY: And then, I will also say  
16 that, from this point forward, anytime you are in a  
17 condition that you have to go to the hospital for any  
18 reason.

19 MS. DO: Mm-hmm.

20 DR. KENNY: Because people don't just  
21 pop into the hospital just because.

22 MS. DO: Right.

23 DR. KENNY: So from this point forward,  
24 always have in your mind that whoever you say, you  
25 need to say, I need the release to return to my

1 clinical nursing program.

2 MS. DO: Okay.

3 DR. KENNY: Okay?

4 MS. DO: Okay. So about tomorrow, if  
5 by chance I go now you said, you know, only go if I  
6 feel like I can do the whole shift. And that will  
7 always be my thought. I wouldn't go if I was feeling  
8 bad, thinking I'm just going to put in a few hours.  
9 Having said that, if I go and I start to have trouble,  
10 any hours that I put in, are they -- are they just --  
11 do they not count?

12 DR. KENNY: They count. But I also  
13 want you to think of the other side of it. You're  
14 leaving a registered nurse who has agreed to precept  
15 you for the whole shift. They prepare mentally, they  
16 prepare academically, and they make patient  
17 assignments based on what type of student they're  
18 going to have with them. So it's more than being able  
19 to go and not feeling well and having to leave. So  
20 there are -- there's other things to think about from  
21 a professional and an academic standpoint.

22 MS. DO: Mm-hmm.

23 DR. KENNY: So but I do get it that you  
24 may feel fine at six o'clock in the morning and at  
25 9:30 you feel rotten. The last thing -- and I want

1 you to hear us -- we do not want you to fight through  
2 feeling badly or unsafe because you're afraid that  
3 you're doing something against what we want you to do.

4 MS. DO: Sure.

5 DR. KENNY: That's not what we're  
6 saying at all.

7 MS. DO: Right.

8 DR. KENNY: So, you know, I think if  
9 you go tomorrow, see what you can do. But the other  
10 thing that I think realistically you should think  
11 about, Sara, if -- if it happens repetitively that you  
12 really are not in the physical condition to complete  
13 your assigned shift and it's consistently happening,  
14 then I think that gives us pause to really think  
15 about, should you take an incomplete until your  
16 medications are stabilized, until your physicians have  
17 a better grasp on, you know, prognosis and probability  
18 of, you know, your treatment plan or things like that?

19 MS. DO: Mm-hmm.

20 DR. KENNY: So, you know, we don't have  
21 to decide anything right now. But some of it, I  
22 think, is to look at the pattern of your physical  
23 ability.

24 MS. DO: Okay.

25 DR. KENNY: And what is that doing?

1 Because, as you say, you know, you rushed through a  
2 test because you didn't feel good and the consequence  
3 was that you failed the test because you were trying  
4 to do what you're supposed to, but it really wasn't  
5 good for you anyway.

6 MS. DO: Right -- right.

7 DR. KENNY: I mean, that's one thing.  
8 But it's the same thing with going to clinical. If  
9 you're preoccupied with thinking about what's going to  
10 happen and how long I can stay, then that patient that  
11 you're caring for and applying what you learned in  
12 class, that's compromised too, both mostly for  
13 yourself, but also for the patient. You know, what if  
14 you were walking someone to the bathroom and you felt  
15 weak and lightheaded and they were not able to stand  
16 by themselves, they needed assistance?

17 MS. DO: Right.

18 DR. KENNY: So it's -- it's those types  
19 of things --

20 MS. DO: Right.

21 DR. KENNY: -- that only you -- only  
22 you can know.

23 MS. DO: Right.

24 DR. BEDNAREK: Well, and I think it's  
25 really important, this is not a box we're checking.

1 DR. KENNY: No.

2 DR. BEDNAREK: This is a -- this is an  
3 active form of learning that you have to be present  
4 for 100 percent.

5 MS. DO: Mm-hmm.

6 DR. BEDNAREK: And it doesn't sound  
7 like you can be because you've got a lot going on, and  
8 you've got a medical condition, so this is -- you have  
9 to take that into account. It's not just showing up.  
10 It's actually physically being present and providing  
11 care.

12 MS. DO: Right -- right. And I -- I've  
13 done, I mean, I don't know if you guys --

14 DR. BEDNAREK: Sorry.

15 MS. DO: That's okay. I don't know if  
16 you guys have talked to the preceptors. I felt like  
17 the times that I've been there have gone really well.  
18 I was able to interact with a lot of the patients and  
19 help them. At the point where I started to feel bad,  
20 I told my professor and also the preceptor, I told  
21 them what was going on, because I would never in any  
22 way put a patient in harm's way.

23 And I can tell when palpitations are  
24 starting. Like, they -- they can come on pretty  
25 quick, but I can tell, and I would in no way put a

1 patient in harm's way if I felt like something was  
2 starting to happen with my own health.

3 DR. BEDNAREK: I understand. But what  
4 you're describing to us does not necessarily jive with  
5 being able to predict it all the time.

6 MS. DO: Mm-hmm.

7 DR. BEDNAREK: Just from my medical  
8 background, that that is something that it sounds like  
9 it's out of your control.

10 MS. DO: Yeah, for the most part, it is  
11 out of my control. I mean, I can't stop it when it  
12 starts, but, you know, I do start to feel palpitations  
13 will start, and it -- it, you know, can take a few  
14 minutes, and then I can feel like I've got to sit down  
15 or I need to take a break or something. So I have --  
16 I have a little bit of a buffer. Not a whole lot, all  
17 the time, and it's not like that every time.

18 Like I said, sometimes I'll wake up in  
19 the morning and I'll start to have intermittent  
20 palpitations that slowly progress throughout the day,  
21 if I can't get a handle on it with medication. But  
22 there are times where it's, you know, it's fairly  
23 quick, but it'll take a few minutes, and then I'll  
24 start to feel like I just don't feel good and I need  
25 to sit down or take a break.

1 DR. BEDNAREK: Well, why don't you let  
2 us know as you decide what your thoughts are for  
3 tomorrow, and then we'll take it from there.

4 MS. DO: Okay.

5 DR. BEDNAREK: How does that sound?

6 MS. DO: Yeah, that sounds good. You  
7 asked me to give you the name of that other place, so  
8 it's Abrazo Hospital on Baseline. Did you want the  
9 address or the phone number?

10 DR. BEDNAREK: Just the -- the name.

11 MS. DO: Oh, it was just Abrazo Mesa  
12 Hospital. It's 5750 East Baseline. It's a 24 hour  
13 hospital.

14 DR. BEDNAREK: Okay, thank you for  
15 that. I'll look into that.

16 MS. DO: Okay. Thank you.

17 DR. BEDNAREK: Thank you, Sara, for  
18 your time today. I appreciate you.

19 MS. DO: Thank you. I'm so sorry for  
20 going beyond 30 minutes.

21 DR. BEDNAREK: No worries.

22 MS. DO: I feel bad. I appreciate your  
23 time.

24 DR. BEDNAREK: That's okay.

25 MS. BENEDICT: Yeah. I would rather



1 get things figured out.

2 DR. KENNY: I think this is a really  
3 important conversation, and the takeaway is that we  
4 will do everything we can to support your success.  
5 But I also would ask that you be realistic with what  
6 you believe you can accomplish.

7 MS. DO: Okay.

8 DR. KENNY: And whatever -- whatever  
9 that is, we will work with you to make it happen. It  
10 may not be exactly like you anticipate we could do it,  
11 like, a couple of hours here and there.

12 MS. DO: Uh-huh.

13 DR. KENNY: But, you know, we have  
14 options over time, too.

15 MS. DO: Okay. So do I have until the  
16 end of the entire program to finish the clinicals for  
17 this class?

18 DR. KENNY: No.

19 MS. DO: Okay. So I have between now  
20 and August 10th to finish them for this class?

21 DR. BEDNAREK: Unless we do an  
22 incomplete.

23 MS. DO: Okay.

24 DR. BEDNAREK: If we do an incomplete  
25 that opens options.

1 MS. DO: So if I did the incomplete,  
2 then -- then what would that look like as far as  
3 what --

4 DR. BEDNAREK: I don't know right now,  
5 Sara. I would need to sit down and map that out.

6 MS. DO: Okay.

7 DR. BEDNAREK: And I would need to see  
8 what's realistically available to push to another  
9 semester, given the circumstances, in that we're going  
10 to have to deal with another balance of hours and  
11 what's realistic for you.

12 MS. DO: Okay. Sounds good.

13 DR. KENNY: And then the other thing to  
14 keep in mind, Sara, too, is that next semester you've  
15 got just as many hours that, you know, you have to  
16 complete too, right?

17 MS. DO: Mm-hmm. Right. Okay. So I  
18 could still finish the class. Well, I guess if I take  
19 an incomplete, then I don't complete the class then  
20 either?

21 DR. BEDNAREK: No, you don't. The last  
22 clinical combination course that you complete, is it  
23 0545? Is that what you're in?

24 MS. DO: 546, I think. I think 545 is  
25 pharmacology.

1 DR. BEDNAREK: Okay.

2 MS. DO: Yeah.

3 DR. BEDNAREK: You could complete those  
4 two. Those are independent from this, but it would  
5 just be the clinical lab combo course.

6 MS. DO: Okay. And so, if I took the  
7 incomplete, would I need to start that all over again  
8 when I picked it back up?

9 DR. BEDNAREK: No. Remember, an  
10 incomplete is stop the clock.

11 MS. DO: Oh, right -- right. Okay --  
12 okay -- okay. Sounds good. But I would no longer do  
13 any, like, of the class work itself either? So it's  
14 stopped from this point for --

15 DR. BEDNAREK: Forward.

16 MS. DO: -- basically for the next  
17 month if I were to do that?

18 DR. BEDNAREK: Yes.

19 MS. DO: Because it's over in August.  
20 Okay -- okay. I think I have a clear understanding of  
21 that.

22 DR. KENNY: You know, it sounds like  
23 you have a really good relationship with your cardiac  
24 team.

25 MS. DO: Mm-hmm.

1 DR. KENNY: I would suggest that you  
2 really sit down and talk to them about what they think  
3 is realistic.

4 MS. DO: Okay.

5 DR. KENNY: And it's difficult to get  
6 physicians to -- I'm a nurse practitioner, and I'm a  
7 cardiology expert --

8 MS. DO: Nice.

9 DR. KENNY: So it's sometimes hard to  
10 get a confirmed answer because they often don't know.

11 MS. DO: Right.

12 DR. KENNY: So sometimes you don't get  
13 a precise answer, but it sounds like they understand  
14 very well what you're going through. I mean, you  
15 might want to make an appointment and explain the  
16 situation and say, tell me, realistically, you know?  
17 They may or may not give you a definite answer, but  
18 they may help you look at some insight, too.

19 MS. DO: Yeah. That's a good idea.

20 DR. KENNY: They may be able to say,  
21 you know, I've had other patients with this before,  
22 and here's how they coped with it. Or, you know, they  
23 may.

24 MS. DO: Yeah.

25 DR. KENNY: You know?

1 DR. BEDNAREK: Six months of rest or  
2 whatever it is, or, you know, strict attention to it.  
3 whatever it is to get you past this hurdle, because  
4 we're certainly not helping.

5 MS. DO: So if I took the incomplete,  
6 would I have to wait until next year's cohort takes  
7 this exact class, or is this class offered at another  
8 time?

9 DR. BEDNAREK: That's what I told you  
10 that I needed to sit down and map out.

11 MS. DO: Okay.

12 DR. BEDNAREK: I can't give you an  
13 answer like that right now.

14 MS. DO: Okay -- okay.

15 DR. BEDNAREK: So I would need to sit  
16 down and understand where we were at the end of the  
17 course. I could not predict that for you right now.

18 MS. DO: Okay. I didn't know if this  
19 particular class or each class was only offered once a  
20 year through the Edson College of Nursing.

21 DR. BEDNAREK: It is. But we have  
22 other classes that we could do. We could use and/or  
23 we have other ways that we could complete an  
24 incomplete, if that makes sense?

25 MS. DO: Oh, okay.

1 DR. BEDNAREK: We can't offer you the  
2 same class, because you don't need it. You've taken  
3 three quarters of it. We would need a way to get you  
4 through it.

5 MS. DO: Okay -- okay. I understand  
6 now. Okay. I didn't understand that before all the  
7 way. Thank you.

8 DR. KENNY: It's a little confusing,  
9 but we'll, you know, Dr. Bednarek and I will really  
10 take a really hard look and see if we can come up with  
11 a plan for you that maybe can give you some sense of  
12 security and peace that this is possible.

13 MS. DO: Okay.

14 DR. KENNY: In a way that is  
15 acceptable, both for you and for the college and for  
16 our accreditors and the board and all those things.

17 MS. DO: Okay. I really appreciate  
18 that.

19 DR. KENNY: And our clinical partners.  
20 So, yeah. So I think from this conversation, one  
21 thing it's shown you is that it's not easy just to  
22 say, sure, go in for three hours and we'll just have  
23 you go somewhere else. It's not like that.

24 MS. DO: Yeah.

25 DR. KENNY: It's not like that when

1     you're a nurse either.

2                     MS. DO: Right.

3                     DR. KENNY: You know, when you go to  
4     work, you, you know, you're there for 12 hours.  
5     They're counting on you for 12 hours. So, I mean --

6                     MS. DO: Right.

7                     DR. KENNY: You know, it's -- it's  
8     really, we emulate what the profession expects.

9                     MS. DO: Okay. Sounds good. Well,  
10    thank you so much for meeting with me.

11                    DR. KENNY: You're welcome.

12                    MS. DO: And again, I'm sorry for going  
13    over time for so long.

14                    DR. KENNY: It's okay.

15                    MS. DO: Thank you for giving me your  
16    time.

17                    DR. KENNY: I'm really glad to meet you  
18    and be able to have the conversation. So I will be in  
19    the background and aware of things that are happening,  
20    but we work very closely together, so.

21                    MS. DO: Okay.

22                    DR. KENNY: And Katherine, thank you so  
23    much for your support and advice, too.

24                    MS. DO: Thank you.

25                    DR. BEDNAREK: Take care, Sara.

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07-09-2021  
35

1 MS. DO: Thank you. You too. I'll see  
2 you later.

3 DR. BEDNAREK: Bye -- bye.

4 MS. DO: Bye.

5 (End of audio file: Do\_325.mp4)

6 Counter Stop Time: 00:30:41

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DIANE OTTO, CER, CET 1353

Sara Do vs. Arizona State University  
Audio Transcription

07-09-2021  
Index: 0545..conditions

<hr/> <p><b>0</b></p> <p>0545 29:23</p> <p>0:00:00.0 3:3</p>	<p><b>adding</b> 15:13,14</p> <p><b>address</b> 27:9</p> <p><b>admitted</b> 20:17</p> <p><b>adrenaline</b> 14:13</p>	<hr/> <p><b>B</b></p> <p><b>back</b> 6:4 8:22 11:17 12:1 13:21 15:5 17:14</p> <p><b>background</b> 26:8</p> <p><b>bad</b> 22:8 25:19 27:22</p> <p><b>badly</b> 23:2</p> <p><b>balance</b> 29:10</p> <p><b>based</b> 22:17</p> <p><b>Baseline</b> 27:8,12</p> <p><b>basically</b> 10:13</p> <p><b>bathroom</b> 24:14</p> <p><b>Bednarek</b> 3:25 4:23 5:5,11,19,23 6:2,9,13, 21 8:23 9:2,5,8,13,18, 25 13:2,11,16,22,24 14:2 15:8,22 16:2,5,8, 13 17:10,16,19,22 18:1, 7,17,21,25 20:2,8 24:24 25:2,6,14 26:3,7 27:1,5, 10,14,17,21,24 28:21, 24 29:4,7,21</p> <p><b>beginning</b> 11:4 19:6</p> <p><b>BENEDICT</b> 6:23 7:11, 17 8:8,14 11:2,16,19,25 12:7,11,20,25 27:25</p> <p><b>bit</b> 26:16</p> <p><b>board</b> 7:23 10:6</p> <p><b>bother</b> 6:25 7:5</p> <p><b>bounce</b> 16:6</p> <p><b>boundaries</b> 7:3</p> <p><b>bounds</b> 7:2</p> <p><b>box</b> 24:25</p> <p><b>break</b> 26:15,25</p> <p><b>buffer</b> 26:16</p> <p><b>bumping</b> 6:16</p>	<p><b>caveats</b> 5:17</p> <p><b>center</b> 8:5</p> <p><b>chance</b> 22:5</p> <p><b>change</b> 9:16</p> <p><b>cheat</b> 10:13</p> <p><b>checking</b> 24:25</p> <p><b>chubby</b> 19:23</p> <p><b>circumstances</b> 29:9</p> <p><b>clarification</b> 4:6</p> <p><b>class</b> 4:10,15,18 5:3,10 7:15,21,24 8:2 9:6,15 10:23,25 11:3,12,20,21 12:2,18 13:18 24:12 28:17,20 29:18,19</p> <p><b>classes</b> 6:4 8:16,21</p> <p><b>clearance</b> 13:17 15:4 17:6,13 18:10 19:7 20:9</p> <p><b>cleared</b> 18:19</p> <p><b>clinical</b> 4:10 7:22 13:4 20:6,12 21:8 22:1 24:8 29:22</p> <p><b>clinicals</b> 4:19 13:8,9 28:16</p> <p><b>clock</b> 5:6,19</p> <p><b>Cohort</b> 4:17</p> <p><b>college</b> 8:25 17:17</p> <p><b>combination</b> 29:22</p> <p><b>commencement</b> 3:1</p> <p><b>competencies</b> 5:21</p> <p><b>complete</b> 3:6 5:8 6:17 23:12 29:16,19,22</p> <p><b>completely</b> 19:9</p> <p><b>complex</b> 13:9</p> <p><b>compromised</b> 24:12</p> <p><b>concerned</b> 3:15 16:10</p> <p><b>concerns</b> 9:14 19:25</p> <p><b>condition</b> 21:17 23:12 25:8</p> <p><b>conditions</b> 18:14</p>
<hr/> <p><b>1</b></p> <p>100 25:4</p> <p>10th 4:11 28:20</p> <p>12 13:5</p>	<p><b>advance</b> 11:11</p> <p><b>advised</b> 10:9</p> <p><b>advisory</b> 10:7,8</p> <p><b>afraid</b> 23:2</p> <p><b>agreed</b> 22:14</p> <p><b>agreement</b> 12:1</p> <p><b>alleviate</b> 14:19</p> <p><b>allowed</b> 7:7 18:10</p> <p><b>amount</b> 15:14 18:12</p> <p><b>anticipate</b> 28:10</p> <p><b>anymore</b> 9:3 15:12</p> <p><b>anytime</b> 21:16</p> <p><b>applying</b> 24:11</p> <p><b>appointment</b> 10:1</p> <p><b>arbitrary</b> 18:18</p> <p><b>Arizona</b> 10:6</p> <p><b>arm's</b> 19:15</p> <p><b>aspect</b> 7:21</p> <p><b>assess</b> 13:13</p> <p><b>assigned</b> 23:13</p> <p><b>assignments</b> 22:17</p> <p><b>assistance</b> 24:16</p> <p><b>assistant</b> 19:12</p> <p><b>assumption</b> 6:10</p> <p><b>attack</b> 15:18</p> <p><b>attend</b> 10:23</p> <p><b>attendance</b> 7:15 11:5 12:21</p> <p><b>audio</b> 3:1</p> <p><b>August</b> 4:11 6:7 28:20</p> <p><b>aware</b> 12:17</p>	<p><b>beginning</b> 11:4 19:6</p> <p><b>BENEDICT</b> 6:23 7:11, 17 8:8,14 11:2,16,19,25 12:7,11,20,25 27:25</p> <p><b>bit</b> 26:16</p> <p><b>board</b> 7:23 10:6</p> <p><b>bother</b> 6:25 7:5</p> <p><b>bounce</b> 16:6</p> <p><b>boundaries</b> 7:3</p> <p><b>bounds</b> 7:2</p> <p><b>box</b> 24:25</p> <p><b>break</b> 26:15,25</p> <p><b>buffer</b> 26:16</p> <p><b>bumping</b> 6:16</p>	<p><b>classes</b> 6:4 8:16,21</p> <p><b>clearance</b> 13:17 15:4 17:6,13 18:10 19:7 20:9</p> <p><b>cleared</b> 18:19</p> <p><b>clinical</b> 4:10 7:22 13:4 20:6,12 21:8 22:1 24:8 29:22</p> <p><b>clinicals</b> 4:19 13:8,9 28:16</p> <p><b>clock</b> 5:6,19</p> <p><b>Cohort</b> 4:17</p> <p><b>college</b> 8:25 17:17</p> <p><b>combination</b> 29:22</p> <p><b>commencement</b> 3:1</p> <p><b>competencies</b> 5:21</p> <p><b>complete</b> 3:6 5:8 6:17 23:12 29:16,19,22</p> <p><b>completely</b> 19:9</p> <p><b>complex</b> 13:9</p> <p><b>compromised</b> 24:12</p> <p><b>concerned</b> 3:15 16:10</p> <p><b>concerns</b> 9:14 19:25</p> <p><b>condition</b> 21:17 23:12 25:8</p> <p><b>conditions</b> 18:14</p>
<hr/> <p><b>2</b></p> <p>24 27:12</p>	<p><b>agreement</b> 12:1</p> <p><b>alleviate</b> 14:19</p> <p><b>allowed</b> 7:7 18:10</p> <p><b>amount</b> 15:14 18:12</p> <p><b>anticipate</b> 28:10</p> <p><b>anymore</b> 9:3 15:12</p> <p><b>anytime</b> 21:16</p> <p><b>applying</b> 24:11</p> <p><b>appointment</b> 10:1</p> <p><b>arbitrary</b> 18:18</p> <p><b>Arizona</b> 10:6</p> <p><b>arm's</b> 19:15</p> <p><b>aspect</b> 7:21</p> <p><b>assess</b> 13:13</p> <p><b>assigned</b> 23:13</p> <p><b>assignments</b> 22:17</p> <p><b>assistance</b> 24:16</p> <p><b>assistant</b> 19:12</p> <p><b>assumption</b> 6:10</p> <p><b>attack</b> 15:18</p> <p><b>attend</b> 10:23</p> <p><b>attendance</b> 7:15 11:5 12:21</p> <p><b>audio</b> 3:1</p> <p><b>August</b> 4:11 6:7 28:20</p> <p><b>aware</b> 12:17</p>	<p><b>beginning</b> 11:4 19:6</p> <p><b>BENEDICT</b> 6:23 7:11, 17 8:8,14 11:2,16,19,25 12:7,11,20,25 27:25</p> <p><b>bit</b> 26:16</p> <p><b>board</b> 7:23 10:6</p> <p><b>bother</b> 6:25 7:5</p> <p><b>bounce</b> 16:6</p> <p><b>boundaries</b> 7:3</p> <p><b>bounds</b> 7:2</p> <p><b>box</b> 24:25</p> <p><b>break</b> 26:15,25</p> <p><b>buffer</b> 26:16</p> <p><b>bumping</b> 6:16</p>	<p><b>classes</b> 6:4 8:16,21</p> <p><b>clearance</b> 13:17 15:4 17:6,13 18:10 19:7 20:9</p> <p><b>cleared</b> 18:19</p> <p><b>clinical</b> 4:10 7:22 13:4 20:6,12 21:8 22:1 24:8 29:22</p> <p><b>clinicals</b> 4:19 13:8,9 28:16</p> <p><b>clock</b> 5:6,19</p> <p><b>Cohort</b> 4:17</p> <p><b>college</b> 8:25 17:17</p> <p><b>combination</b> 29:22</p> <p><b>commencement</b> 3:1</p> <p><b>competencies</b> 5:21</p> <p><b>complete</b> 3:6 5:8 6:17 23:12 29:16,19,22</p> <p><b>completely</b> 19:9</p> <p><b>complex</b> 13:9</p> <p><b>compromised</b> 24:12</p> <p><b>concerned</b> 3:15 16:10</p> <p><b>concerns</b> 9:14 19:25</p> <p><b>condition</b> 21:17 23:12 25:8</p> <p><b>conditions</b> 18:14</p>
<hr/> <p><b>3</b></p> <p>30 27:20</p>	<p><b>amount</b> 15:14 18:12</p> <p><b>anticipate</b> 28:10</p> <p><b>anymore</b> 9:3 15:12</p> <p><b>anytime</b> 21:16</p> <p><b>applying</b> 24:11</p> <p><b>appointment</b> 10:1</p> <p><b>arbitrary</b> 18:18</p> <p><b>Arizona</b> 10:6</p> <p><b>arm's</b> 19:15</p> <p><b>aspect</b> 7:21</p> <p><b>assess</b> 13:13</p> <p><b>assigned</b> 23:13</p> <p><b>assignments</b> 22:17</p> <p><b>assistance</b> 24:16</p> <p><b>assistant</b> 19:12</p> <p><b>assumption</b> 6:10</p> <p><b>attack</b> 15:18</p> <p><b>attend</b> 10:23</p> <p><b>attendance</b> 7:15 11:5 12:21</p> <p><b>audio</b> 3:1</p> <p><b>August</b> 4:11 6:7 28:20</p> <p><b>aware</b> 12:17</p>	<p><b>beginning</b> 11:4 19:6</p> <p><b>BENEDICT</b> 6:23 7:11, 17 8:8,14 11:2,16,19,25 12:7,11,20,25 27:25</p> <p><b>bit</b> 26:16</p> <p><b>board</b> 7:23 10:6</p> <p><b>bother</b> 6:25 7:5</p> <p><b>bounce</b> 16:6</p> <p><b>boundaries</b> 7:3</p> <p><b>bounds</b> 7:2</p> <p><b>box</b> 24:25</p> <p><b>break</b> 26:15,25</p> <p><b>buffer</b> 26:16</p> <p><b>bumping</b> 6:16</p>	<p><b>classes</b> 6:4 8:16,21</p> <p><b>clearance</b> 13:17 15:4 17:6,13 18:10 19:7 20:9</p> <p><b>cleared</b> 18:19</p> <p><b>clinical</b> 4:10 7:22 13:4 20:6,12 21:8 22:1 24:8 29:22</p> <p><b>clinicals</b> 4:19 13:8,9 28:16</p> <p><b>clock</b> 5:6,19</p> <p><b>Cohort</b> 4:17</p> <p><b>college</b> 8:25 17:17</p> <p><b>combination</b> 29:22</p> <p><b>commencement</b> 3:1</p> <p><b>competencies</b> 5:21</p> <p><b>complete</b> 3:6 5:8 6:17 23:12 29:16,19,22</p> <p><b>completely</b> 19:9</p> <p><b>complex</b> 13:9</p> <p><b>compromised</b> 24:12</p> <p><b>concerned</b> 3:15 16:10</p> <p><b>concerns</b> 9:14 19:25</p> <p><b>condition</b> 21:17 23:12 25:8</p> <p><b>conditions</b> 18:14</p>
<hr/> <p><b>5</b></p> <p>545 29:24</p> <p>546 29:24</p> <p>5750 27:12</p>	<p><b>amount</b> 15:14 18:12</p> <p><b>anticipate</b> 28:10</p> <p><b>anymore</b> 9:3 15:12</p> <p><b>anytime</b> 21:16</p> <p><b>applying</b> 24:11</p> <p><b>appointment</b> 10:1</p> <p><b>arbitrary</b> 18:18</p> <p><b>Arizona</b> 10:6</p> <p><b>arm's</b> 19:15</p> <p><b>aspect</b> 7:21</p> <p><b>assess</b> 13:13</p> <p><b>assigned</b> 23:13</p> <p><b>assignments</b> 22:17</p> <p><b>assistance</b> 24:16</p> <p><b>assistant</b> 19:12</p> <p><b>assumption</b> 6:10</p> <p><b>attack</b> 15:18</p> <p><b>attend</b> 10:23</p> <p><b>attendance</b> 7:15 11:5 12:21</p> <p><b>audio</b> 3:1</p> <p><b>August</b> 4:11 6:7 28:20</p> <p><b>aware</b> 12:17</p>	<p><b>beginning</b> 11:4 19:6</p> <p><b>BENEDICT</b> 6:23 7:11, 17 8:8,14 11:2,16,19,25 12:7,11,20,25 27:25</p> <p><b>bit</b> 26:16</p> <p><b>board</b> 7:23 10:6</p> <p><b>bother</b> 6:25 7:5</p> <p><b>bounce</b> 16:6</p> <p><b>boundaries</b> 7:3</p> <p><b>bounds</b> 7:2</p> <p><b>box</b> 24:25</p> <p><b>break</b> 26:15,25</p> <p><b>buffer</b> 26:16</p> <p><b>bumping</b> 6:16</p>	<p><b>classes</b> 6:4 8:16,21</p> <p><b>clearance</b> 13:17 15:4 17:6,13 18:10 19:7 20:9</p> <p><b>cleared</b> 18:19</p> <p><b>clinical</b> 4:10 7:22 13:4 20:6,12 21:8 22:1 24:8 29:22</p> <p><b>clinicals</b> 4:19 13:8,9 28:16</p> <p><b>clock</b> 5:6,19</p> <p><b>Cohort</b> 4:17</p> <p><b>college</b> 8:25 17:17</p> <p><b>combination</b> 29:22</p> <p><b>commencement</b> 3:1</p> <p><b>competencies</b> 5:21</p> <p><b>complete</b> 3:6 5:8 6:17 23:12 29:16,19,22</p> <p><b>completely</b> 19:9</p> <p><b>complex</b> 13:9</p> <p><b>compromised</b> 24:12</p> <p><b>concerned</b> 3:15 16:10</p> <p><b>concerns</b> 9:14 19:25</p> <p><b>condition</b> 21:17 23:12 25:8</p> <p><b>conditions</b> 18:14</p>
<hr/> <p><b>9</b></p> <p>9:30 22:25</p>	<p><b>amount</b> 15:14 18:12</p> <p><b>anticipate</b> 28:10</p> <p><b>anymore</b> 9:3 15:12</p> <p><b>anytime</b> 21:16</p> <p><b>applying</b> 24:11</p> <p><b>appointment</b> 10:1</p> <p><b>arbitrary</b> 18:18</p> <p><b>Arizona</b> 10:6</p> <p><b>arm's</b> 19:15</p> <p><b>aspect</b> 7:21</p> <p><b>assess</b> 13:13</p> <p><b>assigned</b> 23:13</p> <p><b>assignments</b> 22:17</p> <p><b>assistance</b> 24:16</p> <p><b>assistant</b> 19:12</p> <p><b>assumption</b> 6:10</p> <p><b>attack</b> 15:18</p> <p><b>attend</b> 10:23</p> <p><b>attendance</b> 7:15 11:5 12:21</p> <p><b>audio</b> 3:1</p> <p><b>August</b> 4:11 6:7 28:20</p> <p><b>aware</b> 12:17</p>	<p><b>beginning</b> 11:4 19:6</p> <p><b>BENEDICT</b> 6:23 7:11, 17 8:8,14 11:2,16,19,25 12:7,11,20,25 27:25</p> <p><b>bit</b> 26:16</p> <p><b>board</b> 7:23 10:6</p> <p><b>bother</b> 6:25 7:5</p> <p><b>bounce</b> 16:6</p> <p><b>boundaries</b> 7:3</p> <p><b>bounds</b> 7:2</p> <p><b>box</b> 24:25</p> <p><b>break</b> 26:15,25</p> <p><b>buffer</b> 26:16</p> <p><b>bumping</b> 6:16</p>	<p><b>classes</b> 6:4 8:16,21</p> <p><b>clearance</b> 13:17 15:4 17:6,13 18:10 19:7 20:9</p> <p><b>cleared</b> 18:19</p> <p><b>clinical</b> 4:10 7:22 13:4 20:6,12 21:8 22:1 24:8 29:22</p> <p><b>clinicals</b> 4:19 13:8,9 28:16</p> <p><b>clock</b> 5:6,19</p> <p><b>Cohort</b> 4:17</p> <p><b>college</b> 8:25 17:17</p> <p><b>combination</b> 29:22</p> <p><b>commencement</b> 3:1</p> <p><b>competencies</b> 5:21</p> <p><b>complete</b> 3:6 5:8 6:17 23:12 29:16,19,22</p> <p><b>completely</b> 19:9</p> <p><b>complex</b> 13:9</p> <p><b>compromised</b> 24:12</p> <p><b>concerned</b> 3:15 16:10</p> <p><b>concerns</b> 9:14 19:25</p> <p><b>condition</b> 21:17 23:12 25:8</p> <p><b>conditions</b> 18:14</p>
<hr/> <p><b>A</b></p> <p><b>ability</b> 16:19 23:23</p> <p><b>Abrazo</b> 27:8,11</p> <p><b>academic</b> 22:21</p> <p><b>academically</b> 22:16</p> <p><b>accommodation</b> 7:14 10:24 11:5</p> <p><b>accommodations</b> 7:12 12:13,17,22</p> <p><b>accomplish</b> 28:6</p> <p><b>account</b> 25:9</p> <p><b>active</b> 25:3</p> <p><b>acute</b> 17:23</p> <p><b>add</b> 3:19 7:9 10:5</p>	<p><b>amount</b> 15:14 18:12</p> <p><b>anticipate</b> 28:10</p> <p><b>anymore</b> 9:3 15:12</p> <p><b>anytime</b> 21:16</p> <p><b>applying</b> 24:11</p> <p><b>appointment</b> 10:1</p> <p><b>arbitrary</b> 18:18</p> <p><b>Arizona</b> 10:6</p> <p><b>arm's</b> 19:15</p> <p><b>aspect</b> 7:21</p> <p><b>assess</b> 13:13</p> <p><b>assigned</b> 23:13</p> <p><b>assignments</b> 22:17</p> <p><b>assistance</b> 24:16</p> <p><b>assistant</b> 19:12</p> <p><b>assumption</b> 6:10</p> <p><b>attack</b> 15:18</p> <p><b>attend</b> 10:23</p> <p><b>attendance</b> 7:15 11:5 12:21</p> <p><b>audio</b> 3:1</p> <p><b>August</b> 4:11 6:7 28:20</p> <p><b>aware</b> 12:17</p>	<p><b>beginning</b> 11:4 19:6</p> <p><b>BENEDICT</b> 6:23 7:11, 17 8:8,14 11:2,16,19,25 12:7,11,20,25 27:25</p> <p><b>bit</b> 26:16</p> <p><b>board</b> 7:23 10:6</p> <p><b>bother</b> 6:25 7:5</p> <p><b>bounce</b> 16:6</p> <p><b>boundaries</b> 7:3</p> <p><b>bounds</b> 7:2</p> <p><b>box</b> 24:25</p> <p><b>break</b> 26:15,25</p> <p><b>buffer</b> 26:16</p> <p><b>bumping</b> 6:16</p>	<p><b>classes</b> 6:4 8:16,21</p> <p><b>clearance</b> 13:17 15:4 17:6,13 18:10 19:7 20:9</p> <p><b>cleared</b> 18:19</p> <p><b>clinical</b> 4:10 7:22 13:4 20:6,12 21:8 22:1 24:8 29:22</p> <p><b>clinicals</b> 4:19 13:8,9 28:16</p> <p><b>clock</b> 5:6,19</p> <p><b>Cohort</b> 4:17</p> <p><b>college</b> 8:25 17:17</p> <p><b>combination</b> 29:22</p> <p><b>commencement</b> 3:1</p> <p><b>competencies</b> 5:21</p> <p><b>complete</b> 3:6 5:8 6:17 23:12 29:16,19,22</p> <p><b>completely</b> 19:9</p> <p><b>complex</b> 13:9</p> <p><b>compromised</b> 24:12</p> <p><b>concerned</b> 3:15 16:10</p> <p><b>concerns</b> 9:14 19:25</p> <p><b>condition</b> 21:17 23:12 25:8</p> <p><b>conditions</b> 18:14</p>
<hr/> <p><b>C</b></p> <p><b>care</b> 13:9 16:9,22 21:1 25:11</p> <p><b>caring</b> 18:5 24:11</p>	<p><b>amount</b> 15:14 18:12</p> <p><b>anticipate</b> 28:10</p> <p><b>anymore</b> 9:3 15:12</p> <p><b>anytime</b> 21:16</p> <p><b>applying</b> 24:11</p> <p><b>appointment</b> 10:1</p> <p><b>arbitrary</b> 18:18</p> <p><b>Arizona</b> 10:6</p> <p><b>arm's</b> 19:15</p> <p><b>aspect</b> 7:21</p> <p><b>assess</b> 13:13</p> <p><b>assigned</b> 23:13</p> <p><b>assignments</b> 22:17</p> <p><b>assistance</b> 24:16</p> <p><b>assistant</b> 19:12</p> <p><b>assumption</b> 6:10</p> <p><b>attack</b> 15:18</p> <p><b>attend</b> 10:23</p> <p><b>attendance</b> 7:15 11:5 12:21</p> <p><b>audio</b> 3:1</p> <p><b>August</b> 4:11 6:7 28:20</p> <p><b>aware</b> 12:17</p>	<p><b>beginning</b> 11:4 19:6</p> <p><b>BENEDICT</b> 6:23 7:11, 17 8:8,14 11:2,16,19,25 12:7,11,20,25 27:25</p> <p><b>bit</b> 26:16</p> <p><b>board</b> 7:23 10:6</p> <p><b>bother</b> 6:25 7:5</p> <p><b>bounce</b> 16:6</p> <p><b>boundaries</b> 7:3</p> <p><b>bounds</b> 7:2</p> <p><b>box</b> 24:25</p> <p><b>break</b> 26:15,25</p> <p><b>buffer</b> 26:16</p> <p><b>bumping</b> 6:16</p>	<p><b>classes</b> 6:4 8:16,21</p> <p><b>clearance</b> 13:17 15:4 17:6,13 18:10 19:7 20:9</p> <p><b>cleared</b> 18:19</p> <p><b>clinical</b> 4:10 7:22 13:4 20:6,12 21:8 22:1 24:8 29:22</p> <p><b>clinicals</b> 4:19 13:8,9 28:16</p> <p><b>clock</b> 5:6,19</p> <p><b>Cohort</b> 4:17</p> <p><b>college</b> 8:25 17:17</p> <p><b>combination</b> 29:22</p> <p><b>commencement</b> 3:1</p> <p><b>competencies</b> 5:21</p> <p><b>complete</b> 3:6 5:8 6:17 23:12 29:16,19,22</p> <p><b>completely</b> 19:9</p> <p><b>complex</b> 13:9</p> <p><b>compromised</b> 24:12</p> <p><b>concerned</b> 3:15 16:10</p> <p><b>concerns</b> 9:14 19:25</p> <p><b>condition</b> 21:17 23:12 25:8</p> <p><b>conditions</b> 18:14</p>

Sara Do vs. Arizona State University  
Audio Transcription

07-09-2021  
Index: consequence..hours

<b>consequence</b> 24:2	<b>discussing</b> 11:20	<b>fairly</b> 26:22	<b>grade</b> 5:2
<b>consequences</b> 3:22	<b>distance</b> 19:15	<b>fatigue</b> 14:12	<b>graduation</b> 4:12 6:5
<b>consistently</b> 23:13	<b>Do_325.mp4</b> 3:2	<b>fatigued</b> 14:16	<b>grasp</b> 23:17
<b>contend</b> 6:17	<b>dose</b> 15:10	<b>fears</b> 4:22	<b>great</b> 7:20
<b>continue</b> 13:13	<b>double</b> 19:21	<b>feel</b> 3:13 4:4,5 14:25 17:5,6 19:10,18 21:5,7 22:6,24,25 24:2 25:19 26:12,14,24 27:22	<b>group</b> 10:8
<b>control</b> 18:9 26:9,11	<b>doubt</b> 21:12	<b>feeling</b> 7:18 22:7,19 23:2	<b>guarantee</b> 17:9
<b>conversation</b> 28:3	<hr/>	<b>felt</b> 16:19 24:14 25:16 26:1	<b>guess</b> 29:18
<b>conversations</b> 7:4	<b>E</b>	<b>fight</b> 23:1	<b>guidelines</b> 11:6
<b>correct</b> 13:3	<b>e-mail</b> 7:13 8:2 11:10 12:14,24	<b>figure</b> 15:10	<b>gut</b> 4:22
<b>cost</b> 19:19	<b>earlier</b> 7:9,18	<b>figured</b> 28:1	<b>guys</b> 25:13,16
<b>count</b> 4:21 22:11,12	<b>early</b> 12:16 17:1	<b>file</b> 3:1	<b>guys'</b> 11:9
<b>Counter</b> 3:3	<b>East</b> 27:12	<b>find</b> 13:4	<hr/>
<b>couple</b> 28:11	<b>easy</b> 6:15 14:18	<b>fine</b> 14:6 15:5 22:24	<b>H</b>
<b>courses</b> 5:25 6:3	<b>edged</b> 19:21	<b>finish</b> 4:10 5:1,19 28:16,20 29:18	<b>handle</b> 26:21
<b>COVID</b> 19:9,14	<b>Edson</b> 8:25 13:18 17:17	<b>fits</b> 12:4 16:14	<b>happen</b> 11:17 13:18 14:6 17:9 18:3 24:10 26:2 28:9
<b>critic</b> 4:2	<b>EKG</b> 15:17	<b>fix</b> 6:15	<b>happened</b> 10:25 20:21
<hr/>	<b>emergency</b> 20:15,16	<b>flecaïnide</b> 15:15	<b>happening</b> 23:13
<b>D</b>	<b>emotionally</b> 3:23	<b>flexibility</b> 7:14,24	<b>hard</b> 14:2 19:2 20:20
<b>date</b> 5:20	<b>end</b> 16:17 28:16	<b>flexible</b> 9:22 10:3 11:5 12:21	<b>harm's</b> 25:22 26:1
<b>day</b> 11:9 14:8 17:1,3 19:13,14 21:13 26:20	<b>endure</b> 18:11	<b>foot</b> 20:7	<b>harshest</b> 4:2
<b>days</b> 14:7,8,9 16:21	<b>entire</b> 28:16	<b>form</b> 25:3	<b>health</b> 15:24 18:13 19:22 26:2
<b>deal</b> 19:20 29:10	<b>erased</b> 4:20	<b>forward</b> 20:25 21:16,23	<b>healthy</b> 19:8,24
<b>decide</b> 23:21 27:2	<b>escalate</b> 8:10	<b>Friday</b> 13:24 20:22	<b>hear</b> 4:14 23:1
<b>decision</b> 9:9,20	<b>exam</b> 8:4 11:9	<b>fundamental</b> 12:2	<b>heart</b> 14:22 15:15,18
<b>deferment</b> 4:7,14 5:1	<b>exams</b> 9:10	<b>future</b> 6:3	<b>High</b> 19:13
<b>department</b> 20:17	<b>exhausted</b> 3:5	<hr/>	<b>highlight</b> 7:12
<b>depend</b> 11:2	<b>expect</b> 4:3 16:23	<b>G</b>	<b>hold</b> 15:1
<b>depending</b> 11:13	<b>experience</b> 11:21	<b>general</b> 9:15 12:22	<b>home</b> 9:23
<b>describing</b> 26:4	<b>experiences</b> 20:6	<b>gentle</b> 15:21	<b>hope</b> 3:11
<b>determined</b> 7:23	<b>experiencing</b> 14:20	<b>give</b> 14:9 27:7	<b>hospital</b> 13:17 20:15 21:1,17,21 27:8,12,13
<b>devastating</b> 3:7	<b>explain</b> 17:11	<b>good</b> 4:24,25 5:12 6:20 24:2,5 26:24 27:6 29:12	<b>hour</b> 27:12
<b>die</b> 14:25	<b>exposed</b> 19:12		<b>hours</b> 4:10 6:16 13:5 15:6 22:8,10 28:11 29:10,15
<b>disappointing</b> 3:7	<hr/>		
<b>discharged</b> 13:19	<b>F</b>		
<b>discuss</b> 11:5	<b>failed</b> 24:3		

Sara Do vs. Arizona State University  
Audio Transcription

07-09-2021  
Index: hurt..periods

<b>hurt</b> 17:13	<b>knew</b> 17:12 20:22	<b>medical</b> 13:17 21:1 25:8 26:7	<b>number</b> 27:9
<b>hydrated</b> 14:15	<hr/>	<b>medically</b> 18:19	<b>nurse</b> 22:14
<hr/>	<b>L</b>	<b>medication</b> 15:10 26:21	<b>nursing</b> 10:7 19:12 22:1
<b>I</b>	<b>learned</b> 24:11	<b>medications</b> 15:16 23:16	<hr/>
<b>immediately</b> 9:16	<b>learning</b> 25:3	<b>medicines</b> 16:22	<b>O</b>
<b>impacted</b> 11:13	<b>leave</b> 20:19 22:19	<b>meet</b> 3:4 5:21 11:4 13:7	<b>objectives</b> 13:7
<b>implemented</b> 9:21	<b>leaving</b> 22:14	<b>mentally</b> 22:15	<b>offer</b> 6:6 8:18
<b>important</b> 12:12 24:25 28:3	<b>left</b> 5:7	<b>mentioned</b> 8:20	<b>offered</b> 6:5
<b>incidence</b> 10:12	<b>legally</b> 7:7	<b>MEPN</b> 8:24	<b>offering</b> 9:3
<b>incomplete</b> 4:8,14 5:5, 15 23:15 28:22,24 29:1, 19	<b>letter</b> 15:4 19:7	<b>mercy</b> 15:21	<b>opens</b> 28:25
<b>information</b> 17:12	<b>letters</b> 17:6	<b>Mesa</b> 27:11	<b>opinion</b> 10:7
<b>initial</b> 4:13	<b>letting</b> 3:11	<b>mess</b> 15:20	<b>option</b> 9:23
<b>institute</b> 9:16	<b>lieu</b> 6:4	<b>messes</b> 14:23	<b>options</b> 3:5,12 28:14, 25
<b>instructor</b> 21:8	<b>life</b> 19:10,11,18,19	<b>metoprolol</b> 15:14	<b>outcome</b> 5:21
<b>integrity</b> 9:14	<b>lift</b> 18:12	<b>mind</b> 4:15 14:23 21:24 29:14	<b>overnight</b> 20:14
<b>interact</b> 25:18	<b>lightheaded</b> 24:15	<b>minutes</b> 26:14,23 27:20	<hr/>
<b>interactive</b> 12:8	<b>likes</b> 8:22	<b>misread</b> 8:18	<b>P</b>
<b>intermittent</b> 17:2 26:19	<b>list</b> 16:14	<b>Mm-hmm</b> 3:17 6:1 7:16 10:14 12:20 13:15 17:25 21:10,19 22:22 23:19 25:5 26:6 29:17	<b>palpitations</b> 17:1 25:23 26:12,20
<b>invisible</b> 10:19	<b>long</b> 18:11,23 19:14 24:10	<b>mode</b> 10:3	<b>part</b> 5:23 9:8 10:23 12:11 26:10
<b>issue</b> 6:17 10:22	<b>loop</b> 8:2 13:6	<b>morning</b> 22:24 26:19	<b>pass</b> 15:2 17:11,12
<hr/>	<b>lot</b> 3:14 4:2 10:18 14:18 25:7,18 26:16	<b>moving</b> 20:25	<b>patient</b> 22:16 24:10,13 25:22 26:1
<b>J</b>	<hr/>	<b>myocardial</b> 17:23	<b>patients</b> 18:4 20:5 25:18
<b>jive</b> 26:4	<b>M</b>	<hr/>	<b>pattern</b> 23:22
<b>Junior</b> 19:13	<b>made</b> 4:20	<b>N</b>	<b>pause</b> 23:14
<hr/>	<b>make</b> 4:12 9:25 11:20 13:4 14:15 18:4 22:16 28:9	<b>nature</b> 12:3	<b>pay</b> 5:9,20
<b>K</b>	<b>makes</b> 4:9 12:9 14:14 19:2	<b>needed</b> 9:16,21 24:16	<b>paying</b> 16:17
<b>Katherine</b> 6:21	<b>making</b> 7:1 9:20	<b>night</b> 20:18,22	<b>peer</b> 11:22
<b>Kenny</b> 3:4,10,18 5:9,15 9:10 10:5,15 20:9,11, 14,20,24 21:4,11,15,20, 23 22:3,12,23 23:5,8, 20,25 24:7,18,21 25:1 28:2,8,13,18 29:13	<b>mandate</b> 10:16	<b>notes</b> 11:23	<b>people</b> 16:9 21:20
<b>kind</b> 3:20 7:18,21 11:6, 12,16,23,25 12:4,7 14:12 15:19,20 20:7	<b>map</b> 29:5	<b>notifications</b> 12:16	<b>percent</b> 25:4
	<b>mark</b> 14:8	<b>notify</b> 21:8	<b>perfect</b> 19:22
	<b>mask</b> 19:16		<b>perform</b> 4:3 18:19
	<b>material</b> 9:6		<b>periods</b> 18:23
	<b>means</b> 4:14 5:15 10:10		

Sara Do vs. Arizona State University  
Audio Transcription

07-09-2021  
Index: person..State

<b>person</b> 9:9,11 10:10	<b>problem</b> 15:9 17:24 19:1	21:1,18	<b>selecting</b> 12:12
<b>personally</b> 3:23	<b>problematic</b> 17:17	<b>reconcile</b> 19:2	<b>semester</b> 3:6 4:18 5:1 8:15 10:22 11:4 13:5 29:9,14
<b>pharmacology</b> 8:20 29:25	<b>problems</b> 19:25	<b>record</b> 10:24	<b>send</b> 12:14
<b>phone</b> 27:9	<b>process</b> 12:8	<b>recording</b> 8:21 11:22	<b>sense</b> 12:9
<b>physical</b> 23:12,22	<b>professional</b> 22:21	<b>registered</b> 22:14	<b>sessions</b> 9:3
<b>physically</b> 3:23 25:10	<b>professor</b> 8:3 11:4,7 12:8 25:20	<b>related</b> 3:23 9:14 10:11	<b>set</b> 11:6
<b>physicians</b> 23:16	<b>professors</b> 7:25 10:23 12:17	<b>release</b> 21:2,25	<b>sharing</b> 7:18
<b>pick</b> 5:6	<b>prognosis</b> 23:17	<b>remain</b> 10:19	<b>Shepherd</b> 19:12
<b>picture</b> 19:22	<b>program</b> 3:21 4:17 5:24 9:20 18:11 19:7 22:1 28:16	<b>remotely</b> 10:12	<b>shift</b> 21:13 22:6,15 23:13
<b>place</b> 10:1 27:7	<b>programmatic</b> 9:9	<b>repeat</b> 4:9 5:3	<b>shot</b> 20:7
<b>placements</b> 13:4	<b>progress</b> 26:20	<b>repetitively</b> 23:11	<b>showed</b> 15:17
<b>plan</b> 11:23 23:18	<b>progression</b> 5:17	<b>requirements</b> 3:5 18:13	<b>showing</b> 25:9
<b>planned</b> 6:11	<b>progressive</b> 9:19	<b>requisite</b> 6:3	<b>side</b> 22:13
<b>plenty</b> 21:9	<b>protect</b> 20:4	<b>reschedule</b> 8:4	<b>significant</b> 9:14 17:23
<b>point</b> 14:25 15:21 19:11,18 21:16,23 25:19	<b>protocol</b> 11:9	<b>reservation</b> 10:1	<b>sit</b> 26:14,25 29:5
<b>policy</b> 13:18	<b>provide</b> 11:21	<b>retake</b> 4:15	<b>situation</b> 6:14 7:25 8:9, 11 18:8
<b>pop</b> 17:4 21:21	<b>providing</b> 25:10	<b>return</b> 20:10 21:25	<b>size</b> 12:4
<b>portal</b> 12:13	<b>punitive</b> 17:20	<b>returning</b> 13:18	<b>slowly</b> 26:20
<b>positive</b> 19:13	<b>push</b> 16:15,16 29:8	<b>room</b> 20:15	<b>small</b> 15:14 16:2
<b>pounds</b> 18:12	<b>put</b> 3:21 4:2 8:9,10 22:8,10 25:22,25	<b>rotten</b> 22:25	<b>sound</b> 17:22 25:6 27:5
<b>precept</b> 22:14		<b>row</b> 14:7	<b>sounds</b> 6:14,20 26:8 27:6 29:12
<b>preceptor</b> 25:20		<b>ruined</b> 19:10	<b>speak</b> 3:19
<b>preceptors</b> 25:16		<b>rule</b> 8:24,25	<b>stabilized</b> 23:16
<b>predict</b> 26:5		<b>rushed</b> 24:1	<b>stand</b> 18:22 24:15
<b>preoccupied</b> 24:9	<b>Q</b>	<b>S</b>	<b>standards</b> 5:16
<b>prepare</b> 22:15,16	<b>question</b> 20:20	<b>safe</b> 18:4,5 19:3	<b>standpoint</b> 22:21
<b>prerequisites</b> 5:24	<b>questions</b> 4:24,25 8:13 12:21	<b>safety</b> 18:13	<b>start</b> 3:3 4:21 5:7 14:24 22:9 26:12,13,19,24
<b>present</b> 25:3,10	<b>quick</b> 25:25 26:23	<b>Sara</b> 13:3 23:11 27:17 29:5,14	<b>started</b> 14:14 15:12,13 19:7,22 25:19
<b>pressure</b> 3:13,21 4:2,4	<b>R</b>	<b>saved</b> 19:11,18	<b>starting</b> 9:11 25:24 26:2
<b>pretty</b> 25:24	<b>reaction</b> 4:22	<b>scares</b> 4:8	<b>starts</b> 26:12
<b>previously</b> 8:6	<b>realistic</b> 28:5 29:11	<b>scary</b> 14:21	<b>State</b> 10:6
<b>primarily</b> 8:16	<b>realistically</b> 23:10 29:8	<b>scenes</b> 10:18	
<b>priority</b> 15:25 16:14	<b>realm</b> 15:23	<b>school</b> 4:5 16:14 17:8	
<b>probability</b> 23:17	<b>reason</b> 9:21 17:11	<b>seek</b> 4:6	

Sara Do vs. Arizona State University  
Audio Transcription07-09-2021  
Index: statewide..Zoom

<b>statewide</b> 10:15	<b>teacher</b> 8:20		<b>worse</b> 8:11 14:11,12,14 16:22 17:2
<b>stay</b> 3:14 20:14 21:13 24:10	<b>teachers</b> 8:17	<b>U</b>	
<b>steps</b> 12:14 13:3	<b>tech</b> 9:19	<b>Uh-huh</b> 28:12	<b>wrong</b> 13:3
<b>stints</b> 18:11	<b>technicality</b> 17:7,8	<b>understand</b> 17:7 21:4 26:3	<b>Y</b>
<b>stop</b> 5:19 26:11	<b>telling</b> 18:8	<b>understanding</b> 15:23	<b>year</b> 4:16 5:16
<b>stops</b> 5:6	<b>tells</b> 15:24	<b>uniform</b> 18:15	<b>yesterday</b> 16:18
<b>stress</b> 14:12,17	<b>test</b> 10:13 24:2,3	<b>unique</b> 12:2	<b>Z</b>
<b>stressed</b> 14:18	<b>tested</b> 19:13	<b>university</b> 5:16 8:24,25 10:17	<b>Zoom</b> 8:18
<b>structured</b> 12:4	<b>testing</b> 8:4 9:9 10:6,8, 10	<b>unsafe</b> 23:2	
<b>student</b> 7:19 11:13 18:9,10,18 22:17	<b>text</b> 11:10	<b>utilize</b> 8:1	
<b>students</b> 9:5 11:3	<b>that'll</b> 13:12	<b>V</b>	
<b>stuff</b> 14:14,19 16:17 20:1,6	<b>That--</b> 18:1	<b>vaccine</b> 19:9,17	
<b>success</b> 28:4	<b>thing</b> 5:12 7:11 10:6 13:12 20:21 22:25 23:10 24:7,8 29:13	<b>variable</b> 11:13	
<b>successful</b> 3:8 7:5	<b>things</b> 3:15 10:18 15:13,19,24 16:3 22:20 23:18 24:19 28:1	<b>visitation</b> 11:20	
<b>sudden</b> 15:6	<b>thinking</b> 22:8 24:9	<b>W</b>	
<b>suggest</b> 11:3 20:25	<b>thought</b> 4:13 22:7	<b>wait</b> 4:18	
<b>suiting</b> 10:2	<b>thoughts</b> 27:2	<b>wake</b> 26:18	
<b>summer</b> 4:18 6:6 9:11	<b>till</b> 4:18	<b>walking</b> 24:14	
<b>super</b> 14:21 19:8	<b>time</b> 3:3,6 5:6 7:20 9:22 10:3,19 14:2,4 16:25 18:15,23 21:9 26:5,17 27:18,23 28:14	<b>wall</b> 15:1	
<b>support</b> 7:2,6 28:4	<b>times</b> 25:17 26:22	<b>wanted</b> 7:9,12	
<b>supported</b> 9:10	<b>today</b> 8:2 16:20 27:18	<b>wanting</b> 8:16	
<b>supposed</b> 15:11 20:11 24:4	<b>told</b> 14:5 25:20	<b>water</b> 18:22	
<b>surge</b> 14:13	<b>tomorrow</b> 13:14 20:12 21:6 22:4 23:9 27:3	<b>weak</b> 24:15	
<b>sword</b> 19:21	<b>top</b> 16:16	<b>whatsoever</b> 20:1	
<b>symptoms</b> 8:10 11:14	<b>tough</b> 19:6	<b>withdraw</b> 4:25	
<b>synchronous</b> 9:3	<b>track</b> 3:14	<b>wondered</b> 5:13	
<b>T</b>	<b>treatment</b> 23:18	<b>wondering</b> 14:24	
<b>takeaway</b> 28:3	<b>trouble</b> 22:9	<b>words</b> 4:7	
<b>taking</b> 15:11 19:16	<b>type</b> 22:17	<b>work</b> 3:12 7:24 8:13 12:1 13:12 14:23 15:16 28:9	
<b>talked</b> 25:16	<b>types</b> 24:18	<b>worked</b> 15:11	
<b>talking</b> 6:24 15:18		<b>working</b> 15:12 16:23	
<b>taught</b> 12:3		<b>worries</b> 27:21	

# **EXHIBIT 20**

1 UNITED STATES DISTRICT COURT

2 DISTRICT OF ARIZONA

3  
4 Sara Do, an Individual,

5 Plaintiff,

6 v.

Case No.

7 Arizona State University;

2:22-cv-00190-JJT

8 Arizona Board of Regents, an

9 Arizona State Entity;

10 Valleywise Health; Valleywise

11 Health Medical Center; Dr.

12 Kimberly Day, an unmarried

13 person; Dr. Salina Bednarek

14 and Joshua Bednarek, wife and

15 husband; Dr. Margaret Morris

16 and Phillip Morris, wife and

17 husband; Candace Keck and

18 Jonathan Keck, wife and

19 husband,

20 Defendants.

21  
22  
23  
24  
25  




Sara Do vs. Arizona State University  
Audio Transcription

07-28-2021

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AUDIO-RECORDED INTERVIEW

7

OF

8

SARA DO

9

RE: SARA DO VS. ARIZONA STATE UNIVERSITY

10

July 28, 2021

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12

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(File Name: Do\_000326.mp4)

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22 Prepared by:

23 Diane Otto, CER, CET

24 Certified Electronic Transcriber

25 Certification No. 1353

1 (Commencement of audio file:  
2 Do\_326.mp4)  
3 Counter Start Time: 0:02:53.3  
4 DR. BEDNAREK: It's been kind of one of  
5 those days. Hi, Sara. How are you?  
6 MS. DO: Hey. Okay. How are you?  
7 DR. BEDNAREK: Okay. Thank you.  
8 MS. DO: Good.  
9 DR. BEDNAREK: First of all, how are  
10 you feeling?  
11 MS. DO: A little rough.  
12 DR. BEDNAREK: Yeah?  
13 MS. DO: I got, like, a really bad  
14 headache the other day and a fever, so I'm just not  
15 usually one to get fevers, so I just kind of feel  
16 gross.  
17 DR. BEDNAREK: Yeah. And you said  
18 you're going to the doctor later, right?  
19 MS. DO: I already went. Yeah.  
20 DR. BEDNAREK: Okay, so you know  
21 everybody in this room.  
22 MS. DO: Okay.  
23 DR. BEDNAREK: So And I just want to  
24 make sure you know the roles.  
25 MS. DO: Okay.

1 DR. BEDNAREK: So I'm the director of  
2 the prelicensure program, which I believe you know,  
3 but I just wanted to make sure.

4 MS. DO: Uh-huh.

5 DR. BEDNAREK: Maggie is the  
6 coordinator of the MEPN program, and Candace is the  
7 coordinator of NUR478.

8 MS. DO: Okay.

9 DR. BEDNAREK: And then she's also  
10 faculty for a different course, but her role here  
11 today is coordinator for 478.

12 MS. DO: Okay.

13 DR. BEDNAREK: So you e-mailed me over  
14 the weekend after, I -- I have to tell you, received a  
15 very panicked call on Saturday morning when no one in  
16 the OR staff knew where you were, nor the faculty  
17 member. And so that was a very anxiety ridden  
18 experience, I'm sure, for you, but definitely for the  
19 staff in which we were a guest at. And so that is why  
20 I e-mailed you as I did on Sunday morning. And your  
21 response to me was that the experience itself wasn't  
22 great.

23 MS. DO: Yeah. That was part of it.  
24 The other part was that I had arrhythmia pretty bad.  
25 I did e-mail the professor. I did not have her phone

1 number. I looked through the different e-mails that I  
2 had received from her, and I was never given her phone  
3 number. Otherwise, I would have called.

4 I called your number, thinking you  
5 might have it forwarded to your cell phone or that you  
6 might be working on the weekend. But I also got  
7 voicemail when I called. I was trying to find her  
8 phone number so I could let her know.

9 There were no staff members from the  
10 hospital. When I was packing up to leave, there  
11 was -- the hallways were empty. The desk, like, on  
12 the way out, that was also empty. Nobody was there.  
13 So that's why I had called. And I e-mailed her twice  
14 trying to get a hold of her, because I figured it  
15 would probably go to her watch or her cell phone or  
16 something, and she would get it.

17 DR. BEDNAREK: Okay. So that didn't  
18 happen. But I see -- I thank you for explaining that.  
19 Question; did you -- you obviously left a place, you  
20 left a space where you were with a registered nurse.  
21 Did you let that registered nurse know?

22 MS. DO: She was doing stuff in the OR  
23 when the -- when my arrhythmia got really bad, and I  
24 did ask the cRNA that had been talking to me right  
25 next to the registered nurse before she walked to the

1 other end of the OR to help the doctor tape up the  
2 patient's leg to a -- I don't even know what it's  
3 called -- but it was to stretch it so they could do  
4 the surgery. And so I asked her if it was okay if I  
5 took a short break, and she said, yeah, go ahead. And  
6 I told her I would be going to the locker room and  
7 that's where I went.

8 And that's when I took some more of my  
9 medication and I got a drink, went to the restroom and  
10 was still feeling pretty bad. And I didn't want to  
11 break the -- I didn't want to open up the OR room  
12 again just to go in there to tell them that I wasn't  
13 feeling well and I was going to leave because, I mean,  
14 it's a clean environment in there. They had already  
15 scrubbed down the patient and I didn't want to  
16 interrupt a whole operating room to just say, guys, I  
17 got to go. So I did tell the cRNA that I was going to  
18 go take a break and I wasn't feeling great.

19 DR. BEDNAREK: I appreciate that.  
20 Thank you for sharing that to me. I want to just  
21 share with you though, that it created mass -- for the  
22 OR -- concern. Every person in that or was looking  
23 for you and it was -- cases were interrupted but for a  
24 different reason.

25 MS. DO: Okay.

1 DR. BEDNAREK: And it created a  
2 problem, interrupted patient care. It -- it was -- it  
3 was very -- it's a very unfortunate thing that  
4 happened for the patients who were being cared for.  
5 And I realize that you were not intending to do this,  
6 but I want to share with you, your actions, although  
7 you have an understanding of what you were intending  
8 to do, I need to share with you the outcomes of that  
9 because I think it has mass implications for -- I know  
10 it has mass implications for our school, and it has  
11 implications for your ability to complete your  
12 clinical hours there because it can't happen there.

13 MS. DO: Okay.

14 MS. KECK: And, you know, when you tell  
15 someone that you're not feeling well and then you  
16 leave and they can't find you --

17 DR. BEDNAREK: Yeah. They thought  
18 something really bad had happened.

19 MS. KECK: Yeah. They thought  
20 something really bad had happened so they all had to  
21 stop what they were doing and look for you.

22 MS. DO: Okay. Well, like I said, I  
23 didn't know what else to do. I tried calling you. I  
24 e-mailed the professor --

25 MS. KECK: Well, in retrospect -- in

1 retrospect -- you -- in retrospect, you can certainly  
2 put your head in, you know, go back in and say, "I'm  
3 not feeling well, I have to leave." That way, they at  
4 least will not have to stop and look for you.

5 MS. DO: Okay. Yeah. That's why, I  
6 mean, I thought about that and I just thought that  
7 would probably get me in more trouble. That's why I  
8 e-mailed my professor twice.

9 MS. KECK: Well, it got you -- no that  
10 -- your decision got you in more trouble --

11 MS. DO: Okay.

12 MS. KECK: -- than having -- going back  
13 in and explaining to people that you had to leave.

14 MS. DO: Okay.

15 MS. KECK: Because nobody knew where  
16 you were.

17 MS. DO: Okay. Well, I'm sorry. Like,  
18 I e-mailed her. She didn't check her e-mail, I guess?  
19 She said she didn't check it from the night before  
20 either. So I wasn't trying to abandon anybody --

21 DR. BEDNAREK: So let's -- let's talk  
22 about that.

23 MS. DO: I e-mailed her twice -- twice  
24 before I left. I e-mailed her twice.

25 DR. BEDNAREK: So can I talk to you for

1 a second --

2 MS. DO: Yeah. Absolutely.

3 DR. BEDNAREK: -- about that? So she  
4 is in a -- she was in a charge nurse role. She is a  
5 registered nurse for an organization for which she had  
6 responsibility.

7 MS. DO: Mm-hmm.

8 DR. BEDNAREK: And she is -- that is  
9 her primary responsibility. So in the scope of the RN  
10 and being the bedside nurse and being the charge  
11 nurse, particularly in that day of the OR, it is not  
12 appropriate for her to be checking her e-mail.

13 MS. DO: Okay. That's fair.

14 DR. BEDNAREK: And so I understand that  
15 you feel like that should have been received  
16 immediately, but I think maybe a realistic  
17 understanding of the role of Dr. Day is important.  
18 But I also think the immediacy of communication.  
19 E-mail is not an immediate mode of communication.

20 MS. DO: Sure.

21 DR. BEDNAREK: They don't get read  
22 immediately.

23 MS. DO: Okay.

24 DR. BEDNAREK: And that's true for any  
25 program.



1 MS. DO: Right.

2 DR. BEDNAREK: I think that any program  
3 in any space, any academic setting, I think that --  
4 because if we had nurses e-mailing, they wouldn't be  
5 taking care of patients.

6 MS. DO: Right.

7 DR. BEDNAREK: So I just want to say  
8 that. Third and finally, we are in a position  
9 where -- where we don't have a clinical placement for  
10 you for the remainder of the time that you are needing  
11 to make up. But you did four hours, so we're at an  
12 18.5 hour deficit.

13 So furthermore, I'll just stop there  
14 with that. The other part of it is based on your  
15 experience by which the nurses at Valleywise had a  
16 significant amount of input on, they -- they reported  
17 to Dr. Day your behaviors, conversations that were not  
18 consistent with the values of Edson and then also with  
19 Valleywise, that you don't meet competency for the  
20 completion of NUR478.

21 MS. DO: Okay.

22 DR. BEDNAREK: Your evaluation right  
23 now has zeros and ones, and in order for a student to  
24 progress, it needs to be threes.

25 MS. DO: Okay.

1 DR. BEDNAREK: So that was not  
2 demonstrated on your last day of clinical and not  
3 having any clinical availability for the remainder of  
4 the term, that means that you will not successfully  
5 pass NUR478.

6 MS. DO: Okay.

7 DR. BEDNAREK: So we would need to  
8 submit -- we'll just finish the semester and submit  
9 that grade and then we'll need to identify an  
10 alternate plan of study for you.

11 MS. DO: Okay.

12 DR. BEDNAREK: I don't know what your  
13 thoughts are on previous conversations that we've had  
14 about when the right time for that discussion would  
15 be. It certainly doesn't need to be now, but we  
16 should talk definitely with Dr. Morris and, I separate  
17 from this conversation, about what that looks like for  
18 you returning to the program.

19 MS. DO: Okay.

20 DR. BEDNAREK: Do you have any  
21 questions for me or for Professor Keck?

22 MS. DO: So that's just regarding that  
23 one class, right?

24 DR. BEDNAREK: 478. Yes.

25 MS. DO: Okay. So I can keep going

Sara Do vs. Arizona State University  
Audio Transcription

07-28-2021  
12

1 forward in the other classes?

2 DR. BEDNAREK: The classes you're  
3 currently enrolled in? Yes.

4 MS. DO: Okay.

5 MS. KECK: But you will not be able to  
6 complete the other clinicals next semester since you  
7 failed this clinical.

8 MS. DO: Okay.

9 DR. BEDNAREK: That's what I meant --  
10 was referring to when I said an alternate plan of  
11 study.

12 MS. DO: Okay. What does that mean?

13 DR. BEDNAREK: So you're admitted into  
14 a graduate program with a set program of study, which  
15 means that you will do this course at this time and  
16 it's -- each of the courses has prerequisites, which  
17 means you have to pass those in order to move on to  
18 the next.

19 MS. DO: Mm-hmm.

20 DR. BEDNAREK: And so your -- your plan  
21 of study needs to be looked at and individualized  
22 because we can't alter a plan of study that other  
23 students are in, if that makes sense?

24 MS. DO: Mm-hmm.

25 DR. BEDNAREK: So we would need to

1 identify what your plan of study looks like.

2 MS. DO: Okay.

3 DR. BEDNAREK: And so that's what I'm  
4 referring to is, we would need to meet and that --  
5 well, first of all, we would need to dialogue, Dr.  
6 Morris and I, with the graduate college and our  
7 leadership to understand what we could do. And then  
8 we'd put together a package, and then we would present  
9 it to you.

10 MS. DO: Okay. So is that different  
11 than the incomplete that you talked about before?

12 DR. BEDNAREK: Yes. Because in order  
13 to do an incomplete, you have to be passing the  
14 course.

15 MS. DO: Okay. So what about all the  
16 other clinicals that I had taken, though, for that, I  
17 mean, failing that --

18 MS. KECK: No, you'll have to totally  
19 repeat --

20 DR. BEDNAREK: The whole course.

21 MS. KECK: -- the whole course. You  
22 were at one -- you were at zeros and ones, so that  
23 indicates failing. So you will have to repeat complex  
24 care.

25 DR. BEDNAREK: Clinical.

1 MS. KECK: Clinical.

2 MS. DO: Okay. So the clinicals that I  
3 did attend where I was working bedside and I was doing  
4 what I was supposed to do and I didn't make any  
5 mistakes whatsoever, those didn't count?

6 MS. KECK: Not according to your  
7 evaluations.

8 DR. BEDNAREK: Now, you're talking  
9 about the course holistically.

10 DR. KENNY: Yeah.

11 MS. DO: Okay. I'm not really sure. I  
12 mean, I did everything, she marked everything that I  
13 did as well. The verbal feedback was that I was doing  
14 great.

15 DR. BEDNAREK: Understood.

16 MS. KECK: You know, you can't take one  
17 -- when you fail a course, you can't just take a  
18 portion of the course again. That's not our rules.  
19 That's the graduate school of ASU.

20 MS. DO: No, I understand that.

21 MS. KECK: So you have to retake the  
22 whole course.

23 MS. DO: But what -- the things that  
24 were left over were just the last couple of clinicals  
25 right?

1 MS. KECK: It doesn't matter. You  
2 failed the entire course. You would take the entire  
3 course over again.

4 DR. BEDNAREK: Yes. I think that's an  
5 important distinction. You didn't fail a day. It's  
6 the whole course.

7 MS. DO: That's what I'm understanding,  
8 too. But what I'm saying is that, like, all of the  
9 clinicals that I did successfully attend, with the  
10 exception of this last one, they said I did  
11 everything --

12 MS. KECK: You know, every single  
13 student -- every single student who fails a course,  
14 whether it's clinical or whatever, they might have  
15 gotten A's and B's on their first exams, which will  
16 actually make it easier for them when they retake the  
17 course, but we don't give them partial credit for the  
18 course. The same way for you is we don't give you  
19 partial credit for a course that you failed. You  
20 failed the entire course.

21 MS. DO: What's that based on, though?

22 MS. KECK: It's based on the fact that  
23 your evaluation has zeros and ones and that you still  
24 have clinical to finish. So you did not finish the  
25 entire course.

1 MS. DO: Okay. But --

2 MS. KECK: And you have made a  
3 series -- a series of serious judgment issues that if  
4 we looked at that in terms of critical incidents, that  
5 would give us pause.

6 MS. DO: Okay. What are the series of  
7 decisions that I've made, besides leaving --

8 MS. KECK: Well, the fact that the  
9 institutions, some of the institutions that you've  
10 been in do not want you back. They feel that you are  
11 a danger to their patients.

12 MS. DO: A danger to their patients  
13 how?

14 MS. KECK: Yes. When you --

15 MS. DO: I didn't make any mistakes.

16 MS. KECK: Because when you left, you  
17 left your patients. You left without telling anybody  
18 where you were and you caused the patient to have --

19 MS. DO: I did tell somebody where I  
20 was.

21 MS. KECK: No, you told them you were  
22 leaving for a moment. You didn't tell that you were  
23 leaving. That's why they had to stop the case with a  
24 patient and go look for you.

25 MS. DO: Okay. So instead of saying

1 there was miscommunication, we're going to say I  
2 failed the whole class? That doesn't make sense. I  
3 did well -- I did well in my other clinicals that I  
4 did at Banner. Professor Cohen --

5 DR. BEDNAREK: So the first day -- I'll  
6 stop you. The first day of your evaluations, you have  
7 zeros and ones or twos -- twos. Excuse me. And the  
8 second set of days, you have zeros and ones.

9 MS. DO: The second and third day, I  
10 wasn't there.

11 DR. BEDNAREK: And that's why.

12 MS. DO: Right. And those were the  
13 classes -- those were the days I needed to make up.

14 DR. BEDNAREK: Mm-hmm. You were there  
15 for a couple of hours on that Friday.

16 MS. DO: I was there except for two  
17 hours at the end. I did the whole day but that.

18 DR. BEDNAREK: Exactly. So those days  
19 you had a zero and one, zeros and ones.

20 MS. DO: But, like, I did the whole day  
21 except for two hours worth.

22 MS. KECK: You apparently --  
23 whatever -- you're talking about time. We're talking  
24 about outcomes.

25 DR. BEDNAREK: Competencies.



1 MS. KECK: So you have not shown us the  
2 outcomes that you need to pass the course.

3 MS. DO: Why did my professor give me  
4 good feedback then?

5 MS. KECK: You can continue to argue  
6 with us, Sara, but these aren't our rules. These are  
7 the -- these are the graduate school rules.

8 MS. DO: I'm not arguing. I'm trying  
9 to understand. Please understand that I'm not arguing  
10 with you. I'm having a conversation where we may  
11 disagree or not see eye-to-eye, but I am trying to  
12 understand. I'm not trying to be belligerent in any  
13 means, whatsoever. My feedback that I got verbally  
14 from my professor was very positive every time. I was  
15 very --

16 MS. KECK: Well, the feedback that you  
17 got on your evaluation, then, there's a  
18 miscommunication between you and faculty, now.

19 MS. DO: Okay.

20 MS. KECK: Because the feedback that we  
21 got, and it is in writing, is subpar and failing.

22 MS. DO: Okay. So I guess I'll talk to  
23 her then, because she gave me very positive feedback  
24 every time we talked when she would come up to the  
25 floor --

1 DR. BEDNAREK: This is not something  
2 that can be changed. This is an evaluation based  
3 on -- she didn't do the evaluation today. She did it  
4 at the time in which you completed those hours.

5 MS. DO: Okay.

6 DR. BEDNAREK: And so the -- the  
7 important part, I think, to understand about meeting  
8 course outcomes is that you have to demonstrate this  
9 consistently over the course of multiple days and  
10 interactions with patients, not just one single  
11 isolated incident.

12 MS. DO: Okay.

13 DR. BEDNAREK: I know you're not saying  
14 that, it's we can't do good on one day and then not do  
15 good on other days and pass the course. Does that  
16 make sense?

17 MS. DO: Yeah. When did she turn in  
18 that evaluation that you said she did it that day, day  
19 one and two? So we knew, like, back on day one or two  
20 that I was going to fail the class and yet I kept told  
21 to show up?

22 DR. BEDNAREK: No -- no. Because you  
23 had more days -- you had more days in the rotation to  
24 bring that back up to an accomplished learner, which  
25 is ultimately your goal on that form that is

1 submitted. Nobody does great on the first day. I  
2 shouldn't say nobody. Students generally are  
3 developing still on those first few days because  
4 they're new to an environment and they're getting  
5 situated and they're learning and they're learning how  
6 to behave as a registered nurse in this environment.

7 MS. DO: Okay.

8 DR. BEDNAREK: So it's not -- it's not  
9 uncommon for students to "meets" and "developing"  
10 those first few days. The goal is, by the end of the  
11 sixth day, that you're functioning at an accomplished  
12 level and it says that in your evaluation at the top  
13 that that's the goal. You have to get to that by the  
14 end of your rotation.

15 MS. DO: Mm-hmm.

16 DR. BEDNAREK: So it's a measurement  
17 over the course of time, not individualized days.  
18 Does that make sense?

19 MS. DO: Okay. So previously, when I  
20 was told that I could take an incomplete that was  
21 based on whatever I had left, right?

22 DR. BEDNAREK: Mm-hmm.

23 MS. DO: And so I still have that stuff  
24 left. I haven't done it and then failed. I just  
25 haven't done it yet. So I'm not --

1 DR. BEDNAREK: There's no place for you  
2 to go to do it.

3 MS. DO: Okay. So that's why I'm  
4 saying, can I take the incomplete now and then wait  
5 until next semester when there is somewhere for me to  
6 go to make up those additional --

7 DR. BEDNAREK: No, you cannot. No.  
8 The difference would be, when we had those  
9 conversations, your evaluation for those days that you  
10 had gone, you were doing okay in the course. You were  
11 actually -- I think you had threes.

12 MS. DO: So this last four or five  
13 hours that I was at this place and I thought that I  
14 was making the right decision, that's what failed me  
15 for the whole class then? Because, according to what  
16 you just said, I was doing fine up until that point  
17 when I needed to do the rest of it. So I'm being  
18 failed over a misunderstanding and over a professor  
19 that I didn't have her phone number. I didn't want to  
20 walk back into the operating room and then have a  
21 problem with my heart fall on the floor. Then they  
22 would have really had to stop everything.

23 There was nobody there for me to leave  
24 a note with. I looked for somebody. I mean, I'm sure  
25 you can go back and look at surveillance. You see me

1 looking for people. There was nobody around. And,  
2 you know, I mean, I just feel like we obviously know  
3 that I've had trouble with my heart throughout all of  
4 this and I've had to leave other places early. And I  
5 think it's fair to say it was an oversight on maybe  
6 her part and my part for me not to ask for her phone  
7 number and for her to not voluntarily give it to me,  
8 but --

9 DR. BEDNAREK: I will just clarify that  
10 she did not know anything about your medical  
11 condition. She did not know anything about your  
12 situation. That would not be appropriate to share  
13 with her, and she had no need to know that so that  
14 assumption needs to be corrected.

15 MS. DO: Okay. Even my other  
16 professors, though, throughout every other clinical  
17 that I've done, they've given us their cell phone  
18 number in case we've needed them, like, right away for  
19 something and this would have been one of those times.  
20 I don't know if you have --

21 DR. BEDNAREK: Did you ask her for it?

22 MS. DO: I didn't. And that's what I'm  
23 saying. It's an oversight on my part for not asking  
24 for it. But I don't know why she wouldn't have given  
25 it to me, you know, either way, because I've had all

1 the other professors have given us their cell phone  
2 numbers and said, if you're sick, if you can't make  
3 it, if something came up, please call us or text us  
4 and let us know. And so I just, like, I hear you  
5 saying that I was doing okay up until the last five  
6 hours and I failed the whole class because I'm having  
7 a medical condition and, I mean, that is why I left.  
8 I didn't just decide, well, she treated me  
9 disrespectfully. I'm leaving. I'm saying that's  
10 probably what tripped it. Like, a whole cascade of  
11 events after that with my heart.

12 DR. BEDNAREK: Sure.

13 MS. DO: But I wouldn't have left  
14 because of that. I've got thicker skin than that.  
15 But I do think that's --

16 MS. KECK: Can I say something?

17 MS. DO: Mm-hmm.

18 MS. KECK: Can I say something? So,  
19 Sara, I understand what you're saying and we're kind  
20 of -- we're on this hamster wheel right now, but  
21 basically what you did and how the State of Arizona  
22 will look at it is patient abandonment. Doesn't  
23 matter what you're saying, what you're justifying, it  
24 was patient abandonment. And that is a huge offense  
25 in nursing.

1 MS. DO: Okay?

2 MS. KECK: And that, when the state  
3 goes through and reviews our records, that's what they  
4 will see.

5 MS. DO: Okay. Well, I guess if you  
6 guys have made up your mind, then it doesn't matter  
7 what I have to say on it, so.

8 DR. BEDNAREK: So I think next steps  
9 would be, we'll get you your formative summative  
10 evaluation to you so that you can take a look at it  
11 and you have it for your records. I understand  
12 they're being posted in Canvas, so I'll have somebody  
13 posted in Canvas for you.

14 MS. DO: Okay.

15 DR. BEDNAREK: I also will confer with  
16 Dr. Morris and our leadership to figure out what your  
17 plan of study could be and then we will communicate  
18 that to you. As far as your other courses are  
19 concerned, you would continue in them as scheduled.

20 MS. DO: Except for psychology or  
21 psychiatry?

22 DR. BEDNAREK: No, I mean this term. I  
23 mean this term.

24 MS. DO: Okay.

25 DR. BEDNAREK: The remainder of the

1 summer, we would give you that information before the  
2 fall semester starts, and your registration may need  
3 to be changed based on the plan of study.

4 MS. DO: What do you mean registration?

5 DR. BEDNAREK: Registration for fall  
6 term.

7 MS. DO: Okay -- okay.

8 DR. BEDNAREK: Yeah. You know how to  
9 reach me. You know where my e-mail and so if you have  
10 questions that come up, I know that they may come up  
11 as you're thinking, I encourage you to e-mail them to  
12 me. It would be beneficial if you e-mailed them to  
13 both Dr. Morris and I because we both have  
14 responsibility for this program and to keep us all in  
15 the loop. And we will get you the answers as quickly  
16 as we possibly can.

17 MS. DO: Okay.

18 DR. BEDNAREK: I know that you have a  
19 lot going on. And I know that this is not going to be  
20 easy on you. I want you to hear me when I say that we  
21 will figure out a way through this with you. We're  
22 not -- we're not abandoning you. We are going to  
23 figure out a way with this -- with you through this.  
24 Okay?

25 MS. DO: Okay.



Sara Do vs. Arizona State University  
Audio Transcription

07-28-2021  
26

1 DR. BEDNAREK: Take care of yourself.

2 MS. DO: Thanks. You too.

3 (End of audio file: Do\_326.mp4)

4 Counter Stop Time: 00:26:07.4

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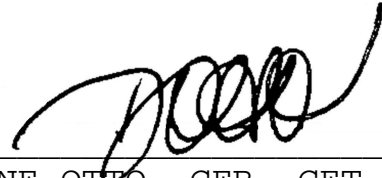
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DIANE OTTO, CER, CET 1353

Sara Do vs. Arizona State University  
Audio Transcription07-28-2021  
Index: 0:02:53.3..exception

<hr/>	<b>bad</b> 3:13 4:24 5:23 6:10 7:18,20	<b>clinical</b> 7:12 10:9 11:2, 3 12:7 13:25 14:1 15:14,24	<b>days</b> 3:5 17:8,13,18 19:9,15,23 20:3,10,17
<b>0</b>	<b>Banner</b> 17:4	<b>clinicals</b> 12:6 13:16 14:2,24 15:9 17:3	<b>decision</b> 8:10
<b>0:02:53.3</b> 3:3	<b>based</b> 10:14 15:21,22 19:2 20:21	<b>Cohen</b> 17:4	<b>decisions</b> 16:7
<hr/>	<b>BEDNAREK</b> 3:4,7,9, 12,17,20,23 4:1,5,9,13 5:17 6:19 7:1,17 8:21, 25 9:3,8,14,21,24 10:2, 7,22 11:1,7,12,20,24 12:2,9,13,20,25 13:3, 12,20,25 14:8,15 15:4 17:5,11,14,18,25 19:1, 6,13,22 20:8,16,22	<b>college</b> 13:6	<b>deficit</b> 10:12
<b>1</b>		<b>commencement</b> 3:1	<b>demonstrate</b> 19:8
<b>18.5</b> 10:12		<b>communication</b> 9:18, 19	<b>demonstrated</b> 11:2
<hr/>		<b>Competencies</b> 17:25	<b>desk</b> 5:11
<b>4</b>		<b>competency</b> 10:19	<b>developing</b> 20:3,9
<b>478</b> 4:11 11:24		<b>complete</b> 7:11 12:6	<b>dialogue</b> 13:5
<hr/>		<b>completed</b> 19:4	<b>director</b> 4:1
<b>A</b>		<b>completion</b> 10:20	<b>disagree</b> 18:11
<b>A's</b> 15:15	<b>bedside</b> 9:10 14:3	<b>complex</b> 13:23	<b>discussion</b> 11:14
<b>abandon</b> 8:20	<b>behave</b> 20:6	<b>concern</b> 6:22	<b>distinction</b> 15:5
<b>ability</b> 7:11	<b>behaviors</b> 10:17	<b>consistent</b> 10:18	<b>Do_326.mp4</b> 3:2
<b>Absolutely</b> 9:2	<b>belligerent</b> 18:12	<b>consistently</b> 19:9	<b>doctor</b> 3:18 6:1
<b>academic</b> 10:3	<b>break</b> 6:5,11,18	<b>continue</b> 18:5	<b>drink</b> 6:9
<b>accomplished</b> 19:24 20:11	<b>bring</b> 19:24	<b>conversation</b> 11:17 18:10	
<b>actions</b> 7:6	<hr/>	<b>conversations</b> 10:17 11:13	<b>E</b>
<b>admitted</b> 12:13	<b>C</b>	<b>coordinator</b> 4:6,7,11	<b>e-mail</b> 4:25 8:18 9:12, 19
<b>ahead</b> 6:5	<b>call</b> 4:15	<b>count</b> 14:5	<b>e-mailed</b> 4:13,20 5:13 7:24 8:8,18,23,24
<b>alter</b> 12:22	<b>called</b> 5:3,4,7,13 6:3	<b>Counter</b> 3:3	<b>e-mailing</b> 10:4
<b>alternate</b> 11:10 12:10	<b>calling</b> 7:23	<b>couple</b> 14:24 17:15	<b>e-mails</b> 5:1
<b>amount</b> 10:16	<b>Candace</b> 4:6	<b>courses</b> 12:16	<b>easier</b> 15:16
<b>anxiety</b> 4:17	<b>care</b> 7:2 10:5 13:24	<b>created</b> 6:21 7:1	<b>Edson</b> 10:18
<b>apparently</b> 17:22	<b>cared</b> 7:4	<b>credit</b> 15:17,19	<b>empty</b> 5:11,12
<b>argue</b> 18:5	<b>case</b> 16:23	<b>critical</b> 16:4	<b>end</b> 6:1 17:17 20:10,14
<b>arguing</b> 18:8,9	<b>cases</b> 6:23	<b>crna</b> 5:24 6:17	<b>enrolled</b> 12:3
<b>arrhythmia</b> 4:24 5:23	<b>caused</b> 16:18	<hr/>	<b>entire</b> 15:2,20,25
<b>ASU</b> 14:19	<b>cell</b> 5:5,15	<b>D</b>	<b>environment</b> 6:14 20:4,6
<b>attend</b> 14:3 15:9	<b>changed</b> 19:2	<b>danger</b> 16:11,12	<b>evaluation</b> 10:22 15:23 18:17 19:2,3,18 20:12
<b>audio</b> 3:1	<b>charge</b> 9:4,10	<b>day</b> 3:14 9:11,17 10:17 11:2 15:5 17:5,6,9,17, 20 19:14,18,19 20:1,11	<b>evaluations</b> 14:7 17:6
<b>availability</b> 11:3	<b>check</b> 8:18,19		<b>exams</b> 15:15
<hr/>	<b>checking</b> 9:12		<b>exception</b> 15:10
<b>B</b>	<b>class</b> 11:23 17:2 19:20		
<b>B's</b> 15:15	<b>classes</b> 12:1,2 17:13		
<b>back</b> 8:2,12 16:10 19:19,24	<b>clean</b> 6:14		

Sara Do vs. Arizona State University  
Audio Transcription

07-28-2021  
Index: Excuse..night

<b>Excuse</b> 17:7	<b>give</b> 15:17,18 16:5 18:3	<b>individualized</b> 12:21 20:17	<hr/> <b>M</b>
<b>experience</b> 4:18,21 10:15	<b>goal</b> 19:25 20:10,13	<b>input</b> 10:16	<b>made</b> 16:2,7
<b>explaining</b> 5:18 8:13	<b>good</b> 3:8 18:4 19:14,15	<b>institutions</b> 16:9	<b>Maggie</b> 4:5
<b>eye-to-eye</b> 18:11	<b>grade</b> 11:9	<b>intending</b> 7:5,7	<b>make</b> 3:24 4:3 10:11 14:4 15:16 16:15 17:2, 13 19:16 20:18
<hr/> <b>F</b>	<b>graduate</b> 12:14 13:6 14:19 18:7	<b>interactions</b> 19:10	<b>makes</b> 12:23
<b>fact</b> 15:22 16:8	<b>great</b> 4:22 6:18 14:14 20:1	<b>interrupt</b> 6:16	<b>marked</b> 14:12
<b>faculty</b> 4:10,16 18:18	<b>gross</b> 3:16	<b>interrupted</b> 6:23 7:2	<b>mass</b> 6:21 7:9,10
<b>fail</b> 14:17 15:5 19:20	<b>guess</b> 8:18 18:22	<b>isolated</b> 19:11	<b>matter</b> 15:1
<b>failed</b> 12:7 15:2,19,20 17:2 20:24	<b>guest</b> 4:19	<b>issues</b> 16:3	<b>means</b> 11:4 12:15,17 18:13
<b>failing</b> 13:17,23 18:21	<b>guys</b> 6:16	<hr/> <b>J</b>	<b>meant</b> 12:9
<b>fails</b> 15:13	<hr/> <b>H</b>	<b>judgment</b> 16:3	<b>measurement</b> 20:16
<b>fair</b> 9:13	<b>hallways</b> 5:11	<hr/> <b>K</b>	<b>medication</b> 6:9
<b>feedback</b> 14:13 18:4, 13,16,20,23	<b>happen</b> 5:18 7:12	<b>Keck</b> 7:14,19,25 8:9,12, 15 11:21 12:5 13:18,21 14:1,6,16,21 15:1,12,22 16:2,8,14,16,21 17:22 18:1,5,16,20	<b>meet</b> 10:19 13:4
<b>feel</b> 3:15 9:15 16:10	<b>happened</b> 7:4,18,20	<b>KENNY</b> 14:10	<b>meeting</b> 19:7
<b>feeling</b> 3:10 6:10,13,18 7:15 8:3	<b>head</b> 8:2	<b>kind</b> 3:4,15	<b>meets</b> 20:9
<b>fever</b> 3:14	<b>headache</b> 3:14	<b>knew</b> 4:16 8:15 19:19	<b>member</b> 4:17
<b>fevers</b> 3:15	<b>Hey</b> 3:6	<hr/> <b>L</b>	<b>members</b> 5:9
<b>figured</b> 5:14	<b>hold</b> 5:14	<b>leadership</b> 13:7	<b>MEPN</b> 4:6
<b>file</b> 3:1	<b>holistically</b> 14:9	<b>learner</b> 19:24	<b>miscommunication</b> 17:1 18:18
<b>finally</b> 10:8	<b>hospital</b> 5:10	<b>learning</b> 20:5	<b>mistakes</b> 14:5 16:15
<b>find</b> 5:7 7:16	<b>hour</b> 10:12	<b>leave</b> 5:10 6:13 7:16 8:3,13	<b>Mm-hmm</b> 9:7 12:19,24 17:14 20:15,22
<b>finish</b> 11:8 15:24	<b>hours</b> 7:12 10:11 17:15,17,21 19:4	<b>leaving</b> 16:7,22,23	<b>mode</b> 9:19
<b>floor</b> 18:25	<hr/> <b>I</b>	<b>left</b> 5:19,20 8:24 14:24 16:16,17 20:21,24	<b>moment</b> 16:22
<b>form</b> 19:25	<b>identify</b> 11:9 13:1	<b>leg</b> 6:2	<b>morning</b> 4:15,20
<b>forward</b> 12:1	<b>immediacy</b> 9:18	<b>level</b> 20:12	<b>Morris</b> 11:16 13:6
<b>forwarded</b> 5:5	<b>immediately</b> 9:16,22	<b>locker</b> 6:6	<b>move</b> 12:17
<b>Friday</b> 17:15	<b>implications</b> 7:9,10,11	<b>looked</b> 5:1 12:21 16:4	<b>multiple</b> 19:9
<b>functioning</b> 20:11	<b>important</b> 9:17 15:5 19:7	<hr/> <b>N</b>	<b>needed</b> 17:13
<hr/> <b>G</b>	<b>incident</b> 19:11		<b>needing</b> 10:10
<b>gave</b> 18:23	<b>incidents</b> 16:4		<b>night</b> 8:19
<b>generally</b> 20:2	<b>incomplete</b> 13:11,13 20:20		

Sara Do vs. Arizona State University  
Audio Transcription07-28-2021  
Index: number..totally

<b>number</b> 5:1,3,4,8	<b>positive</b> 18:14,23	<b>returning</b> 11:18	<b>stretch</b> 6:3
<b>NUR478</b> 4:7 10:20 11:5	<b>prelicensure</b> 4:2	<b>ridden</b> 4:17	<b>student</b> 10:23 15:13
<b>nurse</b> 5:20,21,25 9:4,5, 10,11 20:6	<b>prerequisites</b> 12:16	<b>RN</b> 9:9	<b>students</b> 12:23 20:2,9
<b>nurses</b> 10:4,15	<b>present</b> 13:8	<b>role</b> 4:10 9:4,17	<b>study</b> 11:10 12:11,14, 21,22 13:1
<hr/>	<b>pretty</b> 4:24 6:10	<b>roles</b> 3:24	<b>stuff</b> 5:22 20:23
<b>O</b>	<b>previous</b> 11:13	<b>room</b> 3:21 6:6,11,16	<b>submit</b> 11:8
<b>open</b> 6:11	<b>previously</b> 20:19	<b>rotation</b> 19:23 20:14	<b>submitted</b> 20:1
<b>operating</b> 6:16	<b>primary</b> 9:9	<b>rough</b> 3:11	<b>subpar</b> 18:21
<b>order</b> 10:23 12:17 13:12	<b>problem</b> 7:2	<b>rules</b> 14:18 18:6,7	<b>successfully</b> 11:4 15:9
<b>organization</b> 9:5	<b>professor</b> 4:25 7:24 8:8 11:21 17:4 18:3,14	<hr/>	<b>Sunday</b> 4:20
<b>outcomes</b> 7:8 17:24 18:2 19:8	<b>program</b> 4:2,6 9:25 10:2 11:18 12:14	<b>S</b>	<b>supposed</b> 14:4
<hr/>	<b>progress</b> 10:24	<b>Sara</b> 3:5 18:6	<b>surgery</b> 6:4
<b>P</b>	<b>put</b> 8:2 13:8	<b>Saturday</b> 4:15	<hr/>
<b>package</b> 13:8	<hr/>	<b>school</b> 7:10 14:19 18:7	<b>T</b>
<b>packing</b> 5:10	<b>Q</b>	<b>scope</b> 9:9	<b>taking</b> 10:5
<b>panicked</b> 4:15	<b>Question</b> 5:19	<b>scrubbed</b> 6:15	<b>talk</b> 8:21,25 11:16 18:22
<b>part</b> 4:23,24 10:14 19:7	<b>questions</b> 11:21	<b>semester</b> 11:8 12:6	<b>talked</b> 13:11 18:24
<b>partial</b> 15:17,19	<hr/>	<b>sense</b> 12:23 17:2 19:16 20:18	<b>talking</b> 5:24 14:8 17:23
<b>pass</b> 11:5 12:17 18:2 19:15	<b>R</b>	<b>separate</b> 11:16	<b>tape</b> 6:1
<b>passing</b> 13:13	<b>read</b> 9:21	<b>series</b> 16:3,6	<b>telling</b> 16:17
<b>patient</b> 6:15 7:2 16:18, 24	<b>realistic</b> 9:16	<b>set</b> 12:14 17:8	<b>term</b> 11:4
<b>patient's</b> 6:2	<b>realize</b> 7:5	<b>setting</b> 10:3	<b>terms</b> 16:4
<b>patients</b> 7:4 10:5 16:11,12,17 19:10	<b>reason</b> 6:24	<b>share</b> 6:21 7:6,8	<b>thing</b> 7:3
<b>pause</b> 16:5	<b>received</b> 4:14 5:2 9:15	<b>sharing</b> 6:20	<b>things</b> 14:23
<b>people</b> 8:13	<b>referring</b> 12:10 13:4	<b>short</b> 6:5	<b>thinking</b> 5:4
<b>person</b> 6:22	<b>registered</b> 5:20,21,25 9:5 20:6	<b>show</b> 19:21	<b>thought</b> 7:17,19 8:6
<b>phone</b> 4:25 5:2,5,8,15	<b>remainder</b> 10:10 11:3	<b>shown</b> 18:1	<b>thoughts</b> 11:13
<b>place</b> 5:19	<b>repeat</b> 13:19,23	<b>significant</b> 10:16	<b>threes</b> 10:24
<b>placement</b> 10:9	<b>reported</b> 10:16	<b>single</b> 15:12,13 19:10	<b>time</b> 3:3 10:10 11:14 12:15 17:23 18:14,24 19:4 20:17
<b>plan</b> 11:10 12:10,20,22 13:1	<b>response</b> 4:21	<b>situated</b> 20:5	<b>today</b> 4:11 19:3
<b>portion</b> 14:18	<b>responsibility</b> 9:6,9	<b>sixth</b> 20:11	<b>told</b> 6:6 16:21 19:20 20:20
<b>position</b> 10:8	<b>restroom</b> 6:9	<b>space</b> 5:20 10:3	<b>top</b> 20:12
	<b>retake</b> 14:21 15:16	<b>staff</b> 4:16,19 5:9	<b>totally</b> 13:18
	<b>retrospect</b> 7:25 8:1	<b>Start</b> 3:3	
		<b>stop</b> 7:21 8:4 10:13 16:23 17:6	

Sara Do vs. Arizona State University  
Audio Transcription

07-28-2021  
Index: trouble..zeros

**trouble** 8:7,10

**true** 9:24

**turn** 19:17

**twos** 17:7

---

**U**

**Uh-huh** 4:4

**ultimately** 19:25

**uncommon** 20:9

**understand** 9:14 13:7  
14:20 18:9,12 19:7

**understanding** 7:7  
9:17 15:7

**Understood** 14:15

**unfortunate** 7:3

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**V**

**Valleywise** 10:15,19

**values** 10:18

**verbal** 14:13

**verbally** 18:13

**voicemail** 5:7

---

**W**

**walked** 5:25

**wanted** 4:3

**watch** 5:15

**weekend** 4:14 5:6

**whatsoever** 14:5  
18:13

**working** 5:6 14:3

**worth** 17:21

**writing** 18:21

---

**Z**

**zeros** 10:23 13:22  
15:23 17:7,8,19

**Exhibit 21**  
**to ABOR's Separate Statement of Facts in**  
**Support of its Motion for Summary**  
**Judgment**

**Filed Separately on Flash**  
**Drive**

**Exhibit 22**  
**to ABOR's Separate Statement of Facts in**  
**Support of its Motion for Summary**  
**Judgment**

**Filed Separately on Flash**  
**Drive**



**Exhibit 23**  
**to ABOR's Separate Statement of Facts in**  
**Support of its Motion for Summary**  
**Judgment**

**Filed Separated on Flash**  
**Drive**

**Exhibit 24**  
**to ABOR's Separate Statement of Facts in**  
**Support of its Motion for Summary**  
**Judgment**

**Lodged Under Seal**

# **EXHIBIT 25**

**From:** Sara Do <sabedro@asu.edu> on behalf of Sara Do <sabedro@asu.edu>  
**To:** Paul More  
**Sent:** 6/9/2021 2:32:02 PM  
**Subject:** Re: Test

Hi Paul,

It was nice talking with you as well! You are such a caring professor and person. I really appreciate it. I'm sure you've had that one professor that stands out in your mind from all the years of school and without a doubt, I know you're that person for me, as well as a large number of my classmates that I've spoken to. You give us hope that we might be able to actually get through this class (left to our own devices, we're all lacking confidence) and the reassurance that you're not trying to trip us up or test us on memorization of things. Hearing you say that really went a long way to give us a morale boost. It helps that you've been where we are and understand from a perspective many can't empathize with on a "been there, done that" basis.

I will definitely do my best and thank you for doing all you can to help me with the test. I don't think it's the time that I'm worried about inasmuch as I'm worried about the material and where I should focus my studying. It all seems so foreign. I take notes during class, but I'm usually writing what I hear you saying and not what I'm understanding.

Thank you again!  
Sara

On Wed, Jun 9, 2021 at 2:25 PM Paul More <Paul.More@asu.edu> wrote:

Hi Sara. It was nice talking to you today. I don't know that I can extend the test for longer than 6 1/2 hours. That is more than one and a half times that the ASU center requires me to extend the test. My only suggestion is to do the best that you can and let me know if anything happens while you were taking the exam after the fact. Good luck. Take care. Paul.

Get Outlook for iOS

---

**From:** Sara Do <sabedro@asu.edu>  
**Sent:** Wednesday, June 9, 2021 9:03:56 AM  
**To:** Paul More <Paul.More@asu.edu>  
**Subject:** Re: Test

Thank you so much! My phone number is 281-323-0844.

I greatly appreciate it and am looking forward to hearing from you.

Sara Do

On Wed, Jun 9, 2021, 9:02 AM Paul More <Paul.More@asu.edu> wrote:  
Sara. I will call you after work. Send me your number. Paul

Get Outlook for iOS

---

**From:** Sara Do <sabedro@asu.edu>  
**Sent:** Wednesday, June 9, 2021 8:36:03 AM  
**To:** Paul More <Paul.More@asu.edu>  
**Subject:** Test

Paul,

I hope it's okay to ask this, but if not, please disregard. I'm extremely anxious about this test (all 3 for that

matter) and I'm terrified to fail. Especially because one bad grade on any of the 3 tests and it's over since that's our whole grade.

I'm wondering if you pulled your test questions primarily from the notes of your lectures? I'm struggling to retain this information and really need to focus my studying if possible.

Some of what is covered in class (like you mention from 8th grade biology or 6th grade science) is so far back in my memory, I struggle to recall it and then I get sidetracked trying to refresh my knowledge. (I'm 41, so middle school stuff was forever ago).

I'm grateful for the 4-hours we have to complete the test, but I'm still so worried about it. As I said before, I have severe heart problems right now that my team of 3 electrophysiology cardiologists are trying to figure out and oftentimes I need to take prn medication when I randomly go into arrhythmia that makes me feel really loopy and exhausted. I'm just hoping for some guidance on where to focus my studies before trying to take the test to ease some of my anxiety.

I greatly appreciate you and any help you can offer.

Thanks so much!

Take care,  
Sara Do

# **EXHIBIT 26**

# Kardia

## EKG Recording

**Sara Do**

DOB: [REDACTED]  
Sex: **Female**

### EKG Recording Overview

#### Kardia Determination

Normal Sinus Rhythm

\* Kardia Determination is done on Lead I.

**Recorded:** Saturday, Jul 24, 2021, 11:39:46 AM  
**Heart Rate:** 97 BPM  
**Duration:** 30s

### Additional Information

No additional information to display

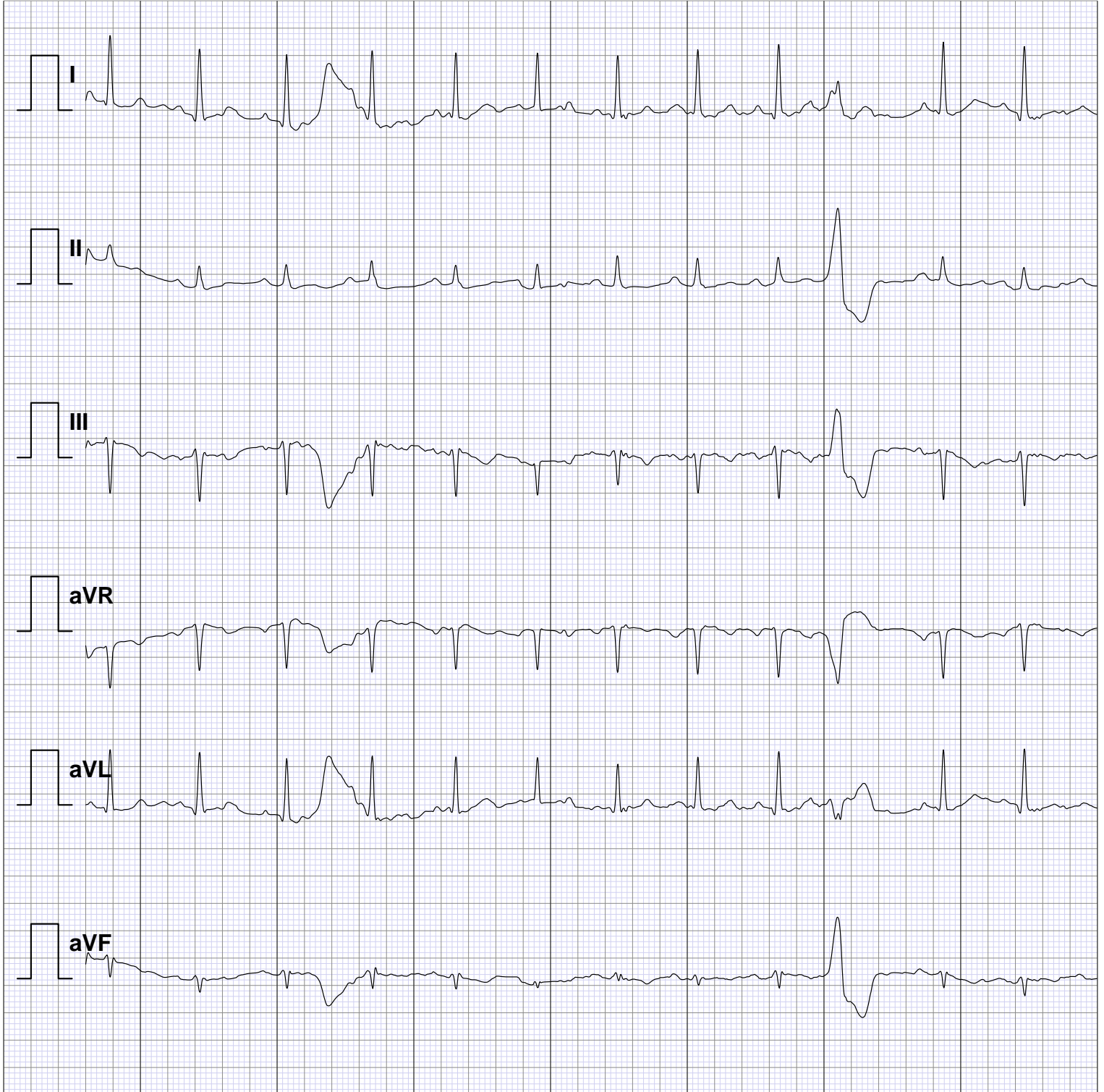
Kardia does not check for heart attack. If you believe you are having a medical emergency, call emergency services. AliveCor does not provide medical advice or services, and any information from AliveCor is provided to assist you and your doctor with your medical care and not as a replacement for consulting with your doctor.

# Kardia

**Patient:** Sara Do  
**Recorded:** 07/24/2021, 11:39 AM  
**Heart Rate:** 97 bpm  
**Duration:** 30s

**Kardia Determination** Normal Sinus Rhythm  
\* Kardia Determination is done on Lead I.

Enhanced Filter, Mains Filter: 60 Hz Scale: 25mm/s, 10mm/mV



CONFIDENTIAL

Do\_010499

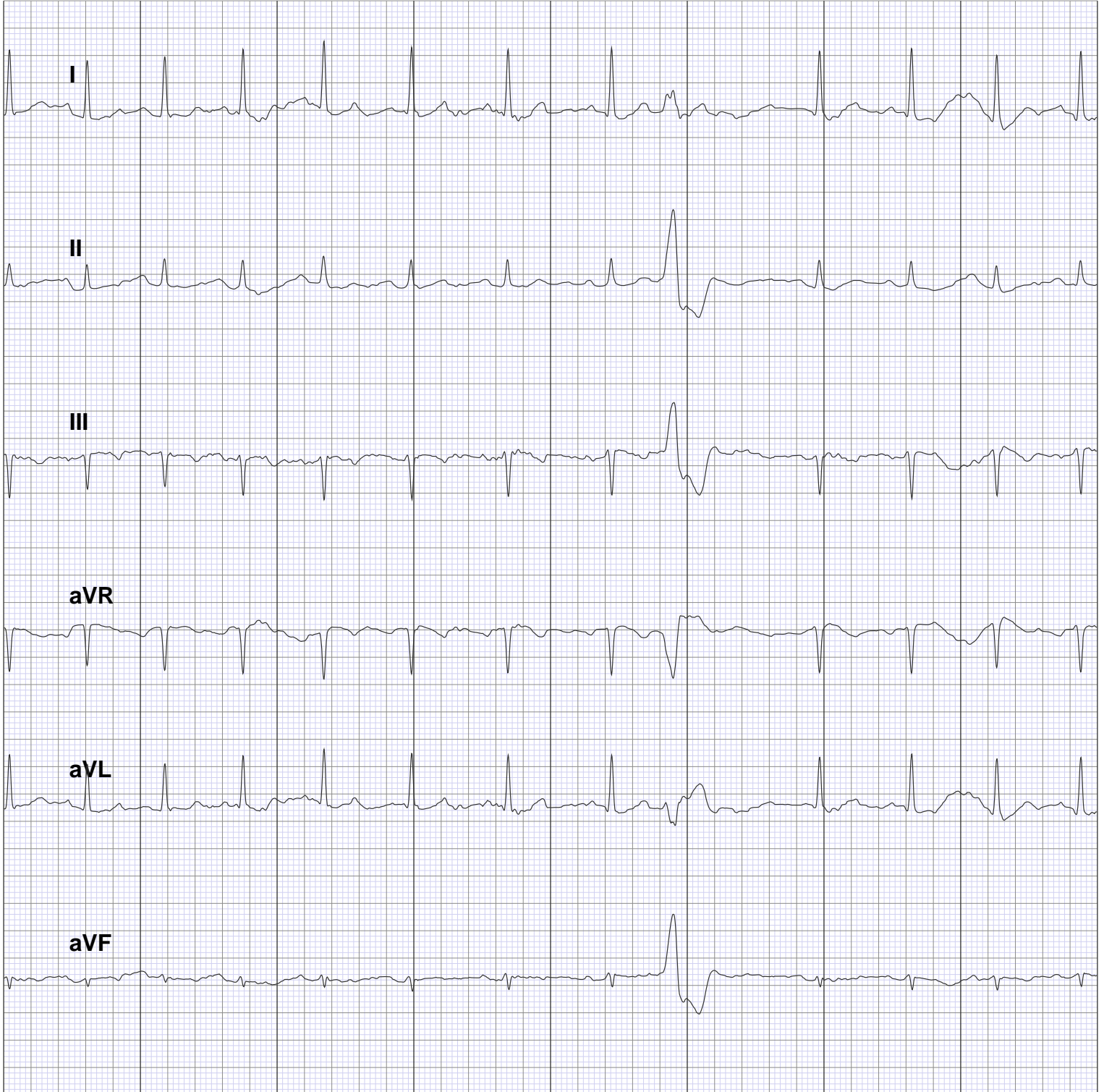


# Kardia

**Patient:** Sara Do  
**Recorded:** 07/24/2021, 11:39 AM  
**Heart Rate:** 97 bpm  
**Duration:** 30s

**Kardia Determination** Normal Sinus Rhythm  
\* Kardia Determination is done on Lead I.

Enhanced Filter, Mains Filter: 60 Hz Scale: 25mm/s, 10mm/mV



CONFIDENTIAL

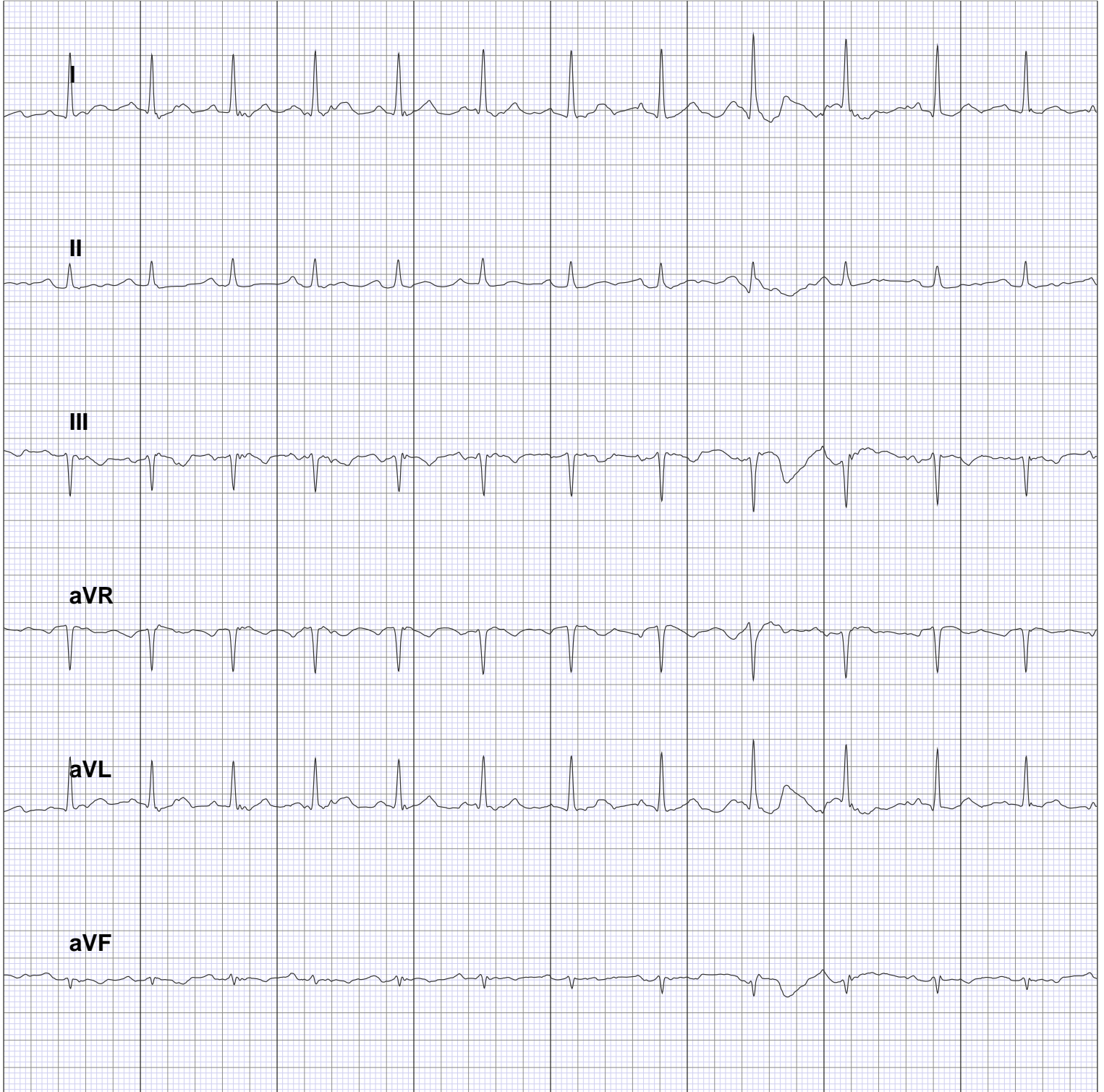
Do\_010500

# Kardia

**Patient:** Sara Do  
**Recorded:** 07/24/2021, 11:39 AM  
**Heart Rate:** 97 bpm  
**Duration:** 30s

**Kardia Determination** Normal Sinus Rhythm  
\* Kardia Determination is done on Lead I.

Enhanced Filter, Mains Filter: 60 Hz Scale: 25mm/s, 10mm/mV



CONFIDENTIAL

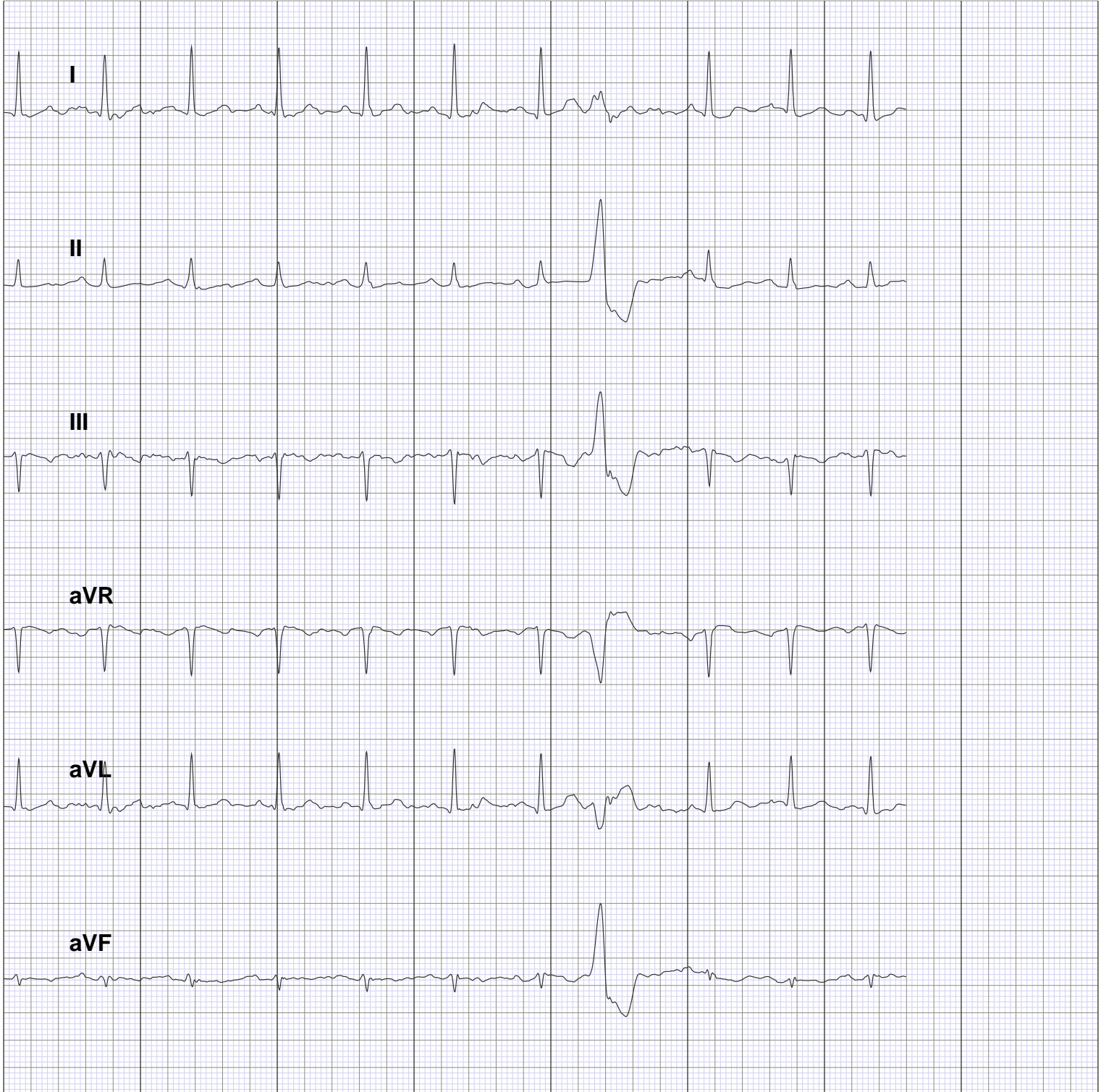
Do\_010501

# Kardia

**Patient:** Sara Do  
**Recorded:** 07/24/2021, 11:39 AM  
**Heart Rate:** 97 bpm  
**Duration:** 30s

**Kardia Determination** Normal Sinus Rhythm  
\* Kardia Determination is done on Lead I.

Enhanced Filter, Mains Filter: 60 Hz Scale: 25mm/s, 10mm/mV



CONFIDENTIAL

Do\_010502

# Kardia

## EKG Recording

**Sara Do**

DOB: [REDACTED]

Sex: **Female**

---

### EKG Recording Overview

#### Kardia Determination

Normal Sinus Rhythm

\* Kardia Determination is done on Lead I.

**Recorded:** Saturday, Jul 24, 2021, 11:41:21 AM

**Heart Rate:** 93 BPM

**Duration:** 30s

---

### Additional Information

No additional information to display

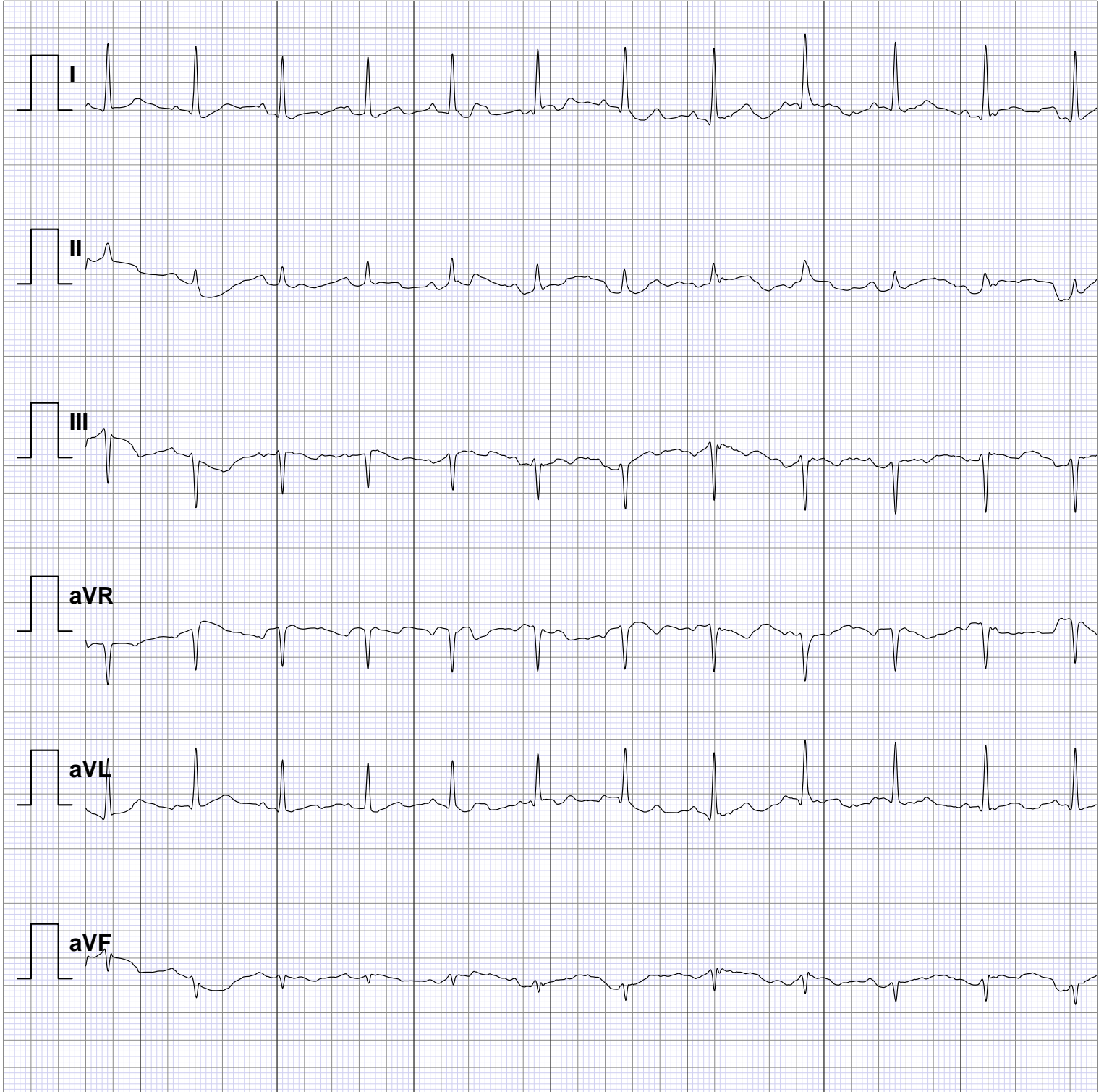
Kardia does not check for heart attack. If you believe you are having a medical emergency, call emergency services. AliveCor does not provide medical advice or services, and any information from AliveCor is provided to assist you and your doctor with your medical care and not as a replacement for consulting with your doctor.

# Kardia

**Patient:** Sara Do  
**Recorded:** 07/24/2021, 11:41 AM  
**Heart Rate:** 93 bpm  
**Duration:** 30s

**Kardia Determination** Normal Sinus Rhythm  
\* Kardia Determination is done on Lead I.

Enhanced Filter, Mains Filter: 60 Hz Scale: 25mm/s, 10mm/mV



CONFIDENTIAL

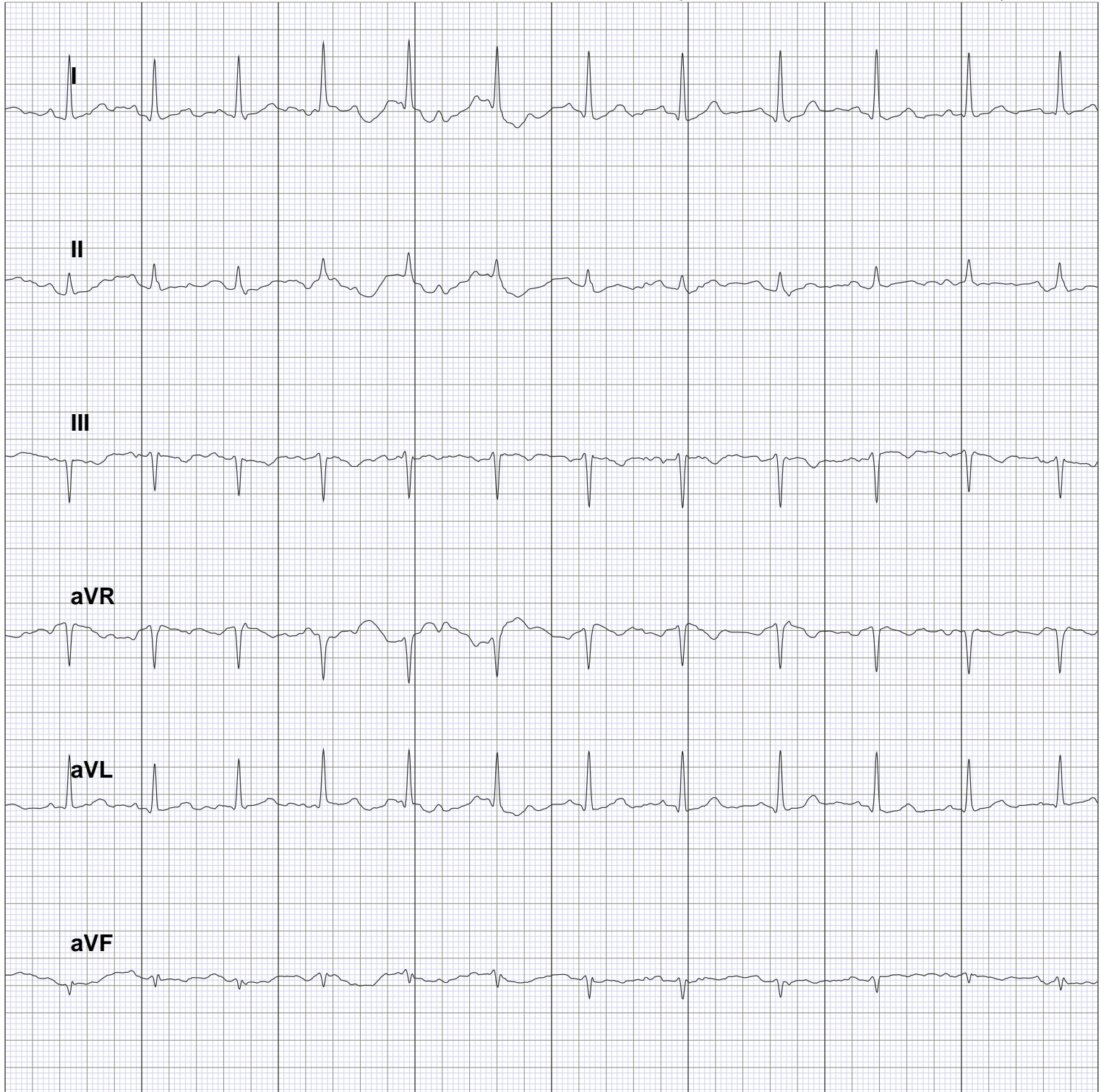
Do\_010504

# Kardia

**Patient:** Sara Do  
**Recorded:** 07/24/2021, 11:41 AM  
**Heart Rate:** 93 bpm  
**Duration:** 30s

**Kardia Determination** Normal Sinus Rhythm  
\* Kardia Determination is done on Lead I.

Enhanced Filter, Mains Filter: 60 Hz Scale: 25mm/s, 10mm/mV



CONFIDENTIAL

Do\_010505

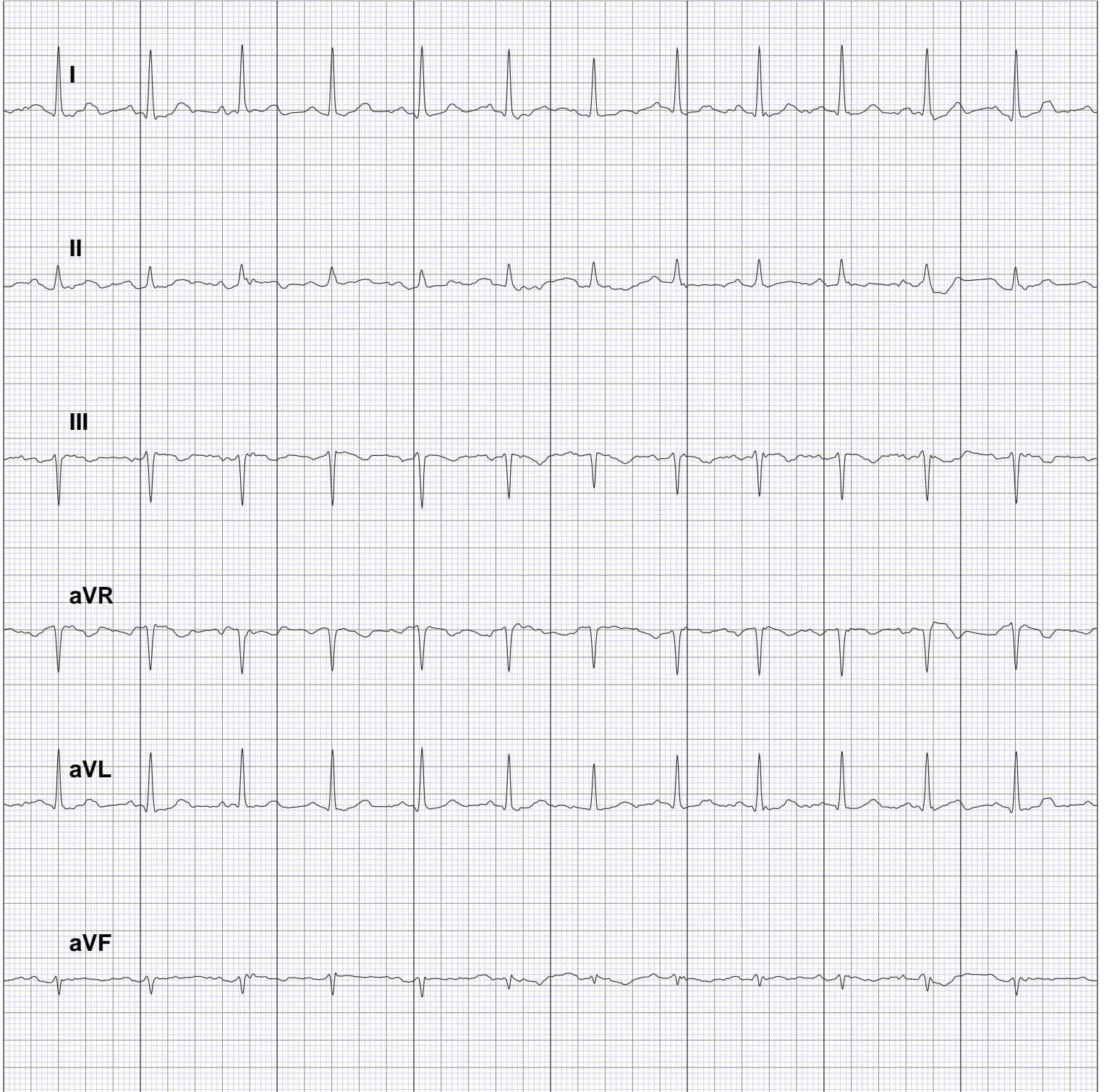


# Kardia

**Patient:** Sara Do  
**Recorded:** 07/24/2021, 11:41 AM  
**Heart Rate:** 93 bpm  
**Duration:** 30s

**Kardia Determination** Normal Sinus Rhythm  
\* Kardia Determination is done on Lead I.

Enhanced Filter, Mains Filter: 60 Hz Scale: 25mm/s, 10mm/mV



CONFIDENTIAL

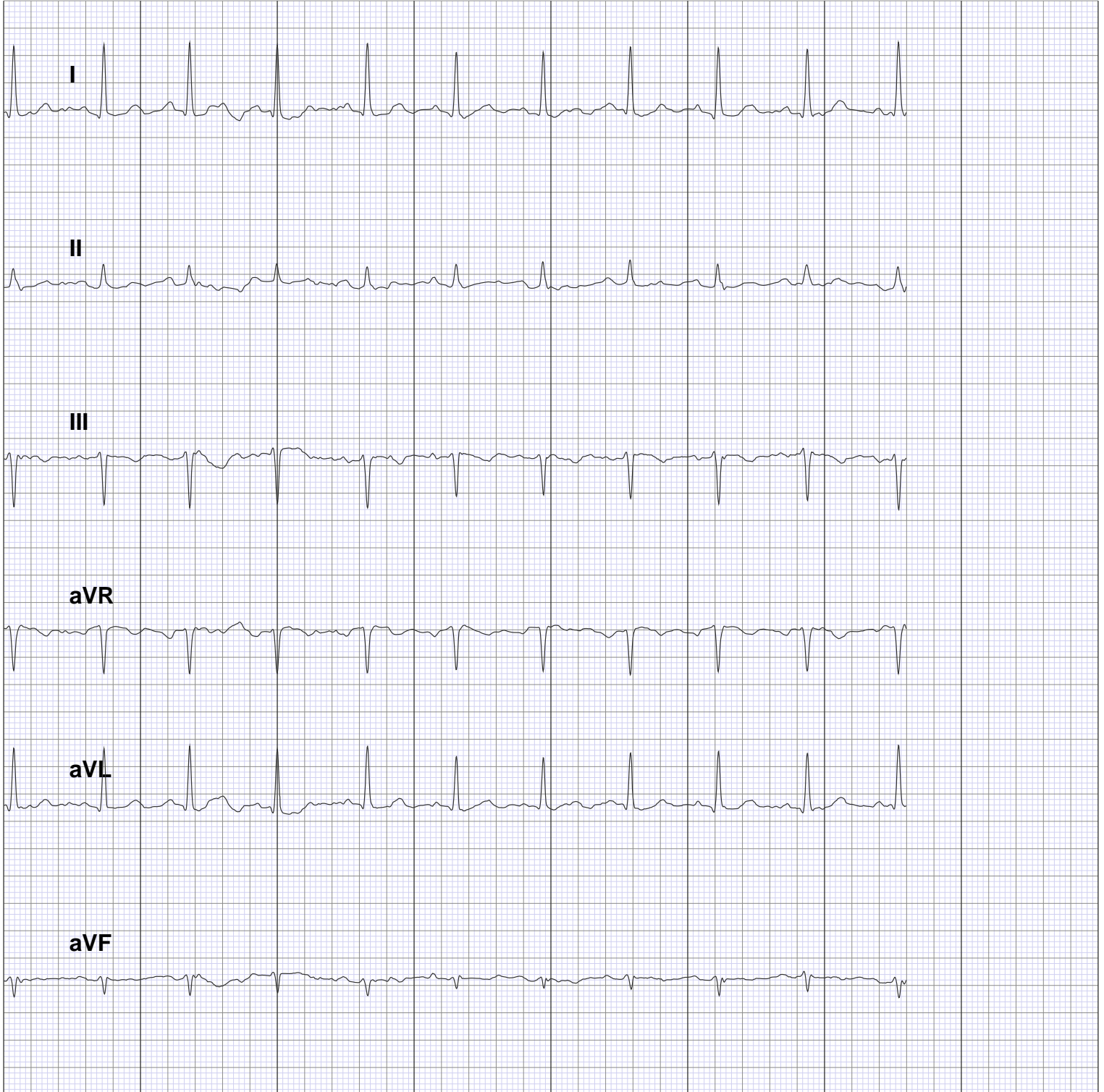
Do\_010506

# Kardia

**Patient:** Sara Do  
**Recorded:** 07/24/2021, 11:41 AM  
**Heart Rate:** 93 bpm  
**Duration:** 30s

**Kardia Determination** Normal Sinus Rhythm  
\* Kardia Determination is done on Lead I.

Enhanced Filter, Mains Filter: 60 Hz Scale: 25mm/s, 10mm/mV



CONFIDENTIAL

Do\_010507



# Kardia

## EKG Recording

**Sara Do**

DOB: [REDACTED]

Sex: **Female**

### EKG Recording Overview

#### Kardia Determination

Normal Sinus Rhythm

\* Kardia Determination is done on Lead I.

**Recorded:** Saturday, Jul 24, 2021, 4:53:21 PM

**Heart Rate:** 78 BPM

**Duration:** 30s

### Additional Information

No additional information to display

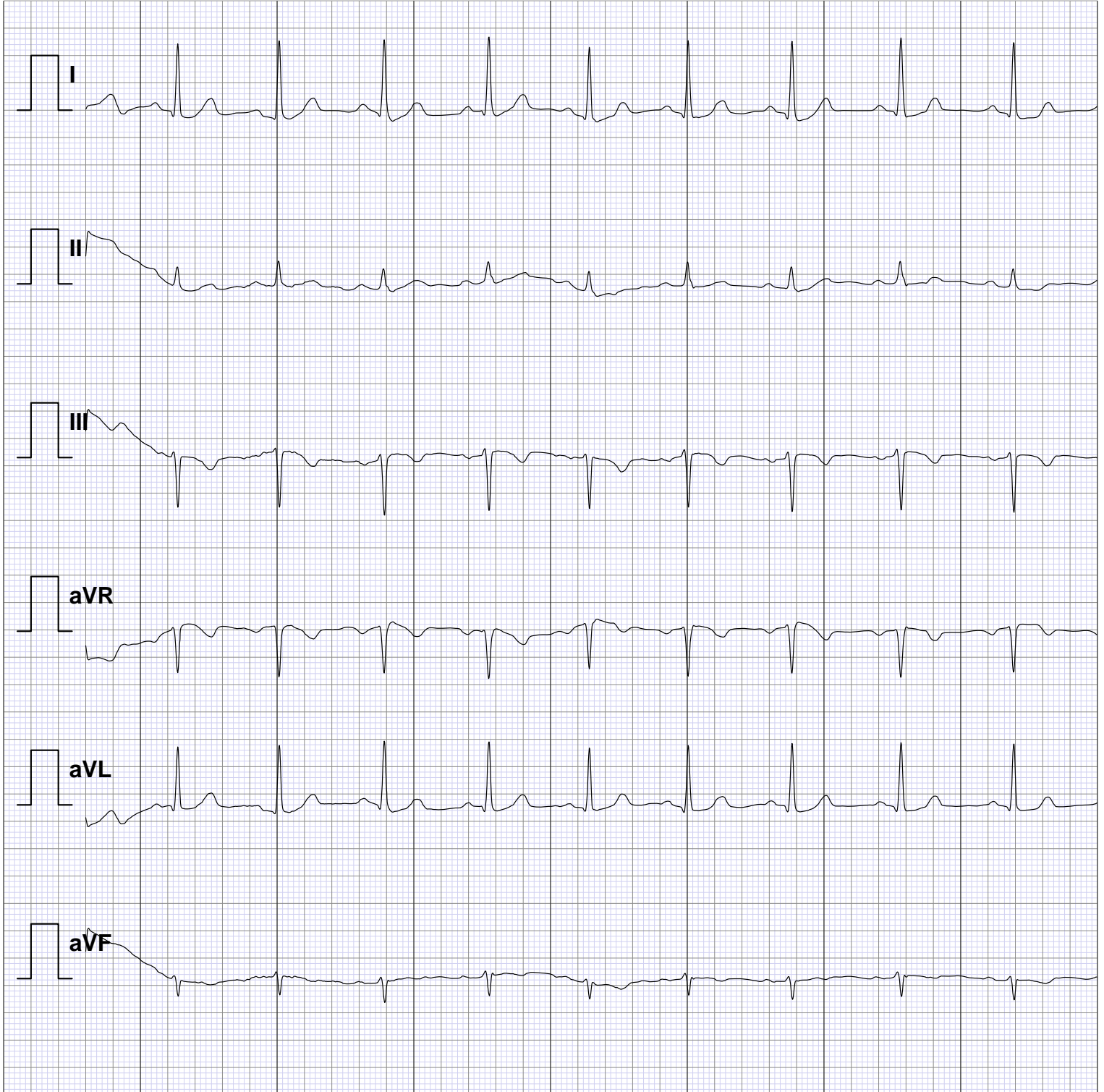
Kardia does not check for heart attack. If you believe you are having a medical emergency, call emergency services. AliveCor does not provide medical advice or services, and any information from AliveCor is provided to assist you and your doctor with your medical care and not as a replacement for consulting with your doctor.

# Kardia

**Patient:** Sara Do  
**Recorded:** 07/24/2021, 4:53 PM  
**Heart Rate:** 78 bpm  
**Duration:** 30s

**Kardia Determination** Normal Sinus Rhythm  
\* Kardia Determination is done on Lead I.

Enhanced Filter, Mains Filter: 60 Hz Scale: 25mm/s, 10mm/mV



CONFIDENTIAL

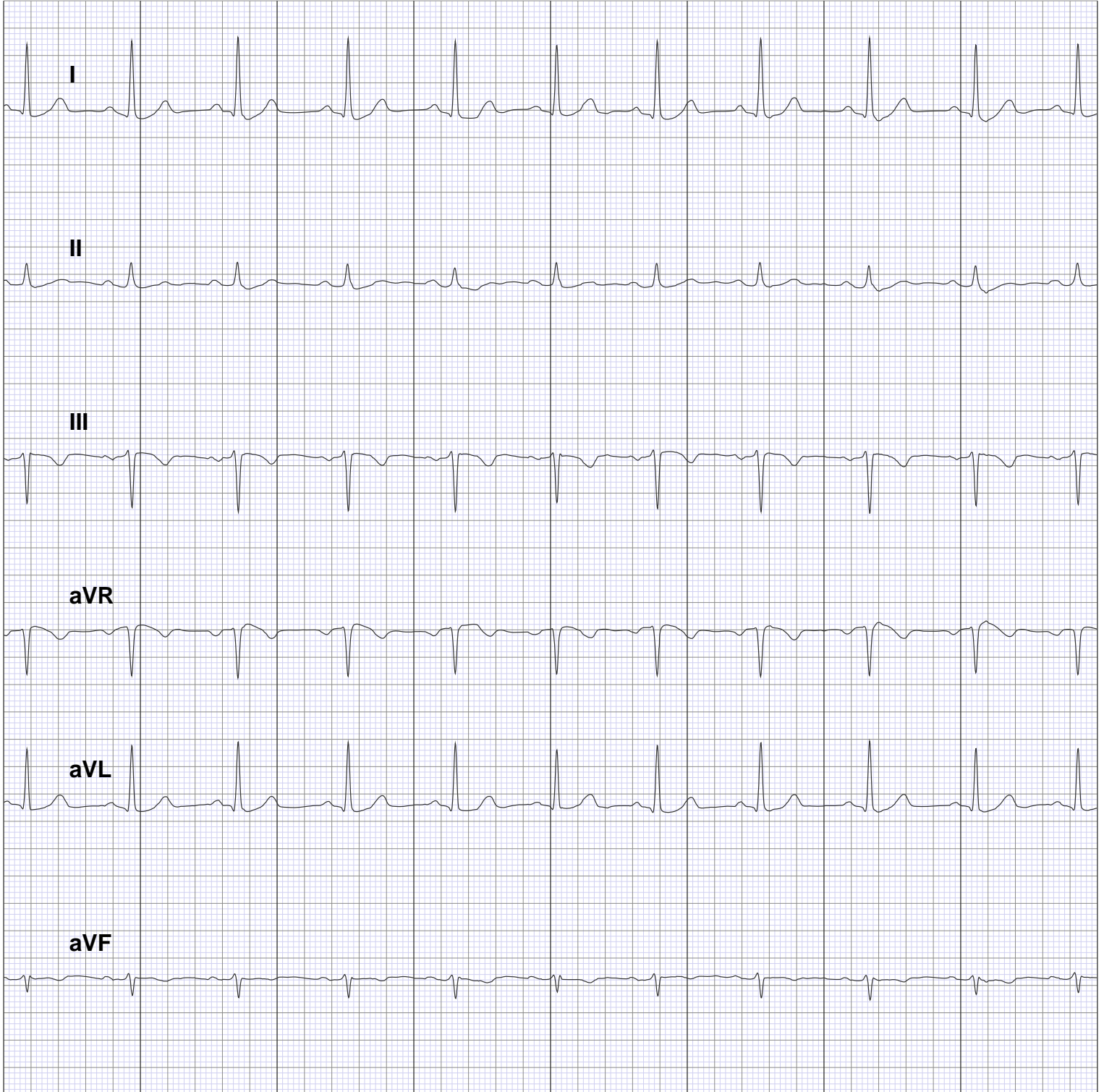
Do\_010509

# Kardia

**Patient:** Sara Do  
**Recorded:** 07/24/2021, 4:53 PM  
**Heart Rate:** 78 bpm  
**Duration:** 30s

**Kardia Determination** Normal Sinus Rhythm  
\* Kardia Determination is done on Lead I.

Enhanced Filter, Mains Filter: 60 Hz Scale: 25mm/s, 10mm/mV



CONFIDENTIAL

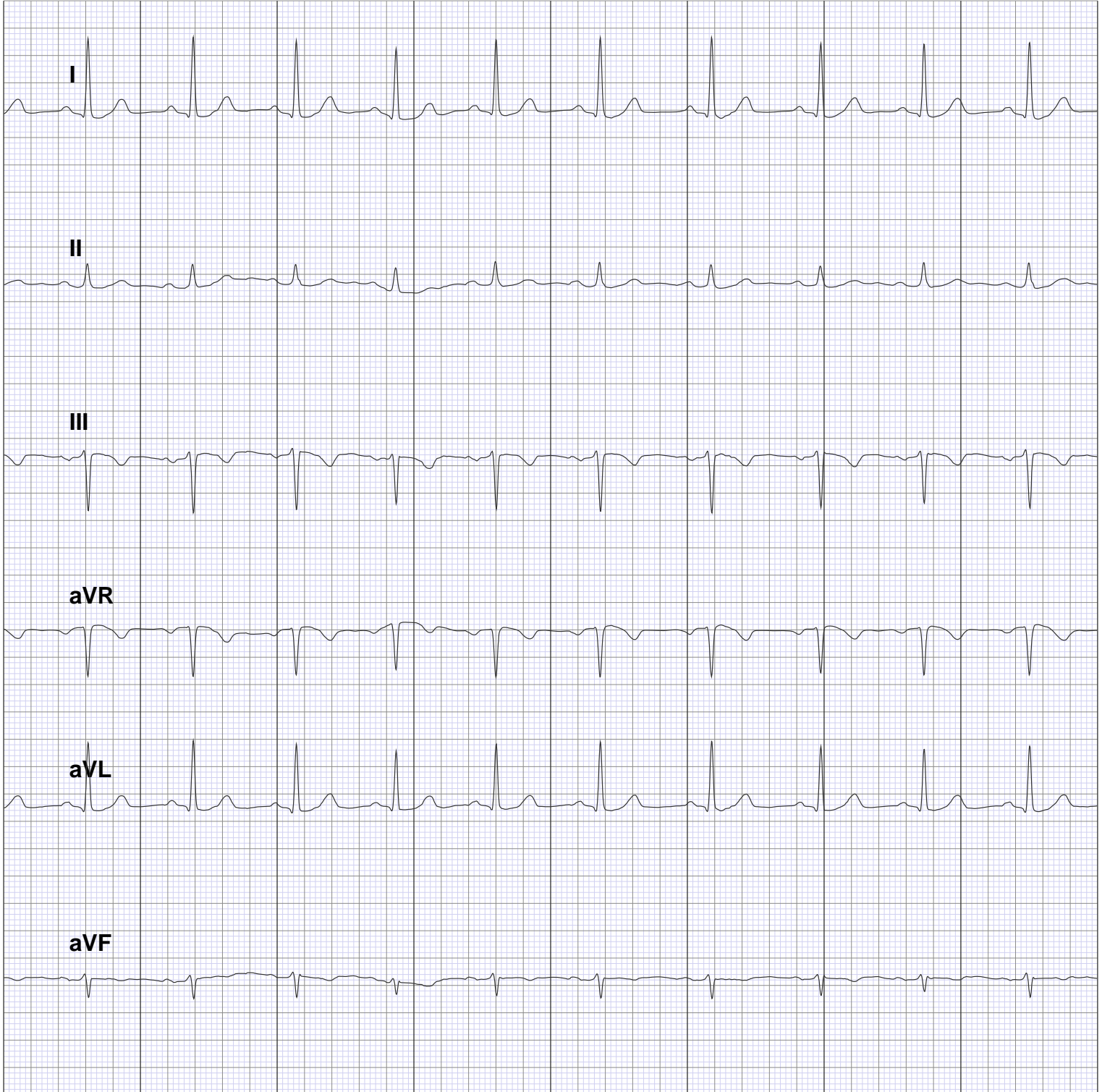
Do\_010510

# Kardia

**Patient:** Sara Do  
**Recorded:** 07/24/2021, 4:53 PM  
**Heart Rate:** 78 bpm  
**Duration:** 30s

**Kardia Determination** Normal Sinus Rhythm  
\* Kardia Determination is done on Lead I.

Enhanced Filter, Mains Filter: 60 Hz Scale: 25mm/s, 10mm/mV



CONFIDENTIAL

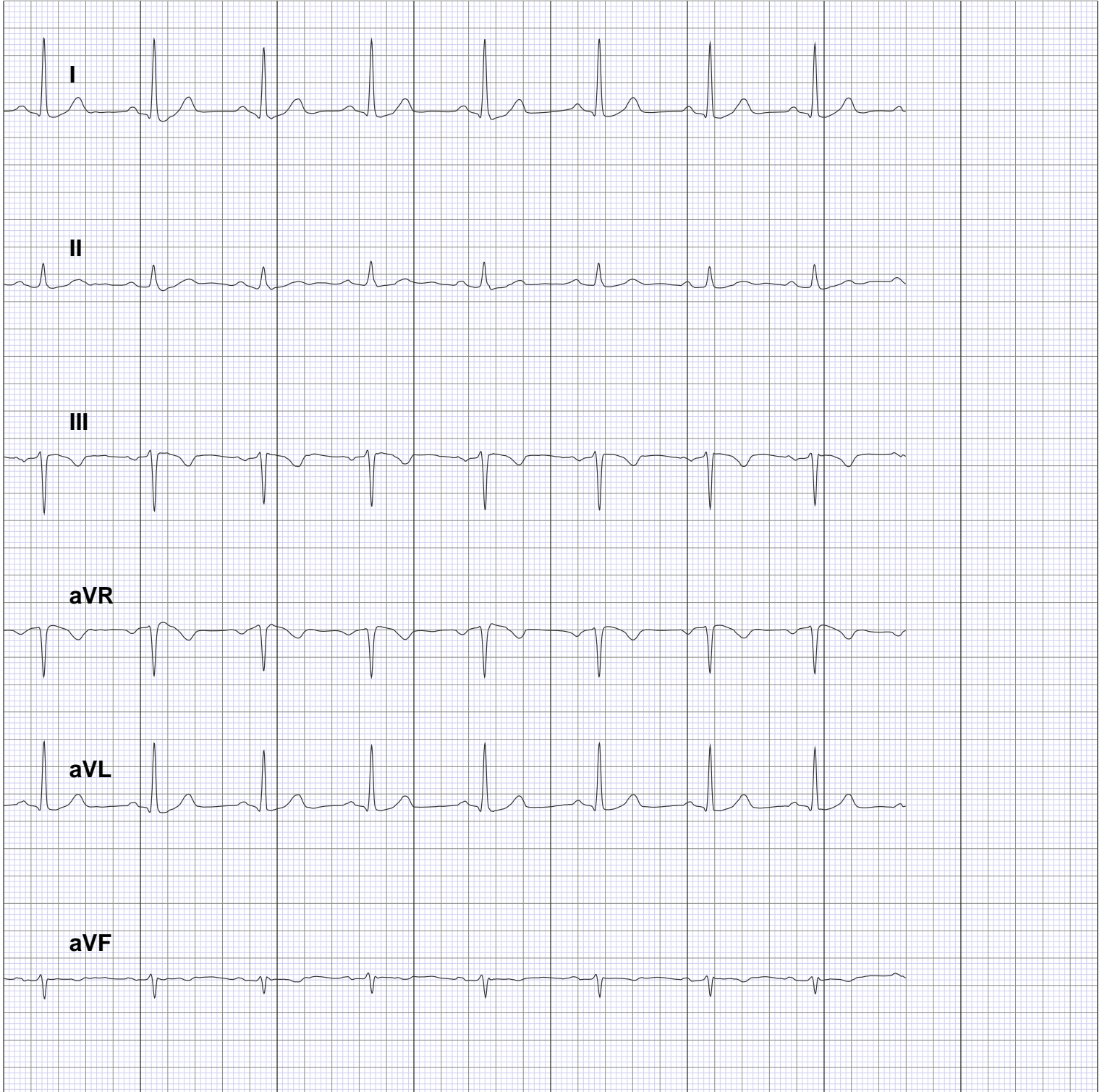
Do\_010511

# Kardia

**Patient:** Sara Do  
**Recorded:** 07/24/2021, 4:53 PM  
**Heart Rate:** 78 bpm  
**Duration:** 30s

**Kardia Determination** Normal Sinus Rhythm  
\* Kardia Determination is done on Lead I.

Enhanced Filter, Mains Filter: 60 Hz Scale: 25mm/s, 10mm/mV



CONFIDENTIAL

Do\_010512

**Exhibit 27**  
**to ABOR's Separate Statement of Facts in**  
**Support of its Motion for Summary**  
**Judgment**

**Lodged Under Seal**

**Exhibit 28**  
**to ABOR's Separate Statement of Facts in**  
**Support of its Motion for Summary**  
**Judgment**

**Lodged Under Seal**

**Exhibit 29**  
**to ABOR's Separate Statement of Facts in**  
**Support of its Motion for Summary**  
**Judgment**

**Lodged Under Seal**



# **EXHIBIT 30**

**From:** Janine Carrasco <janine.carrasco@gmail.com>  
**To:** Kimberly Day  
**Sent:** 7/24/2021 12:31:54 PM  
**Subject:** "Nursing Student"  
**Attachments:** 20210724\_120237.jpg

The "Nursing student" Sarah, needs to choose another path. She announce she wants to do administration. We all attempted to engage her in general conversation and encourage participation. She showed no interest in the patient or procedure we were doing. She sat in the corner, asked no questions, and was outside of the OR more than in. It is unfortunate that she did not take advantage of this opportunity. Furthermore, I would not want a "Nursing" administrator who has no clinical experience with patients and clinical staff. On the plus side, she did leave her disposable paper scrubs nicely folded on the bench.

# **EXHIBIT 31**

**From:** Gabriela Novakova <Gabriela.Novakova@valleywisehealth.org>  
**To:** Kimberly Day  
**Sent:** 7/25/2021 7:53:00 AM  
**Subject:** FW: from Gabi - plastic OR case

**From:** Gabriela Novakova  
**Sent:** Saturday, July 24, 2021 12:12 PM  
**To:** kim.day@esu.edu  
**Subject:** from Gabi - plastic OR case



Hi Kim

I would like to let you know about my experience with your nursing student Sara Do that was assigned to me for one of my OR cases on Saturday 7/24/21 . I have been RN for 17 years and I have to be honest to you , in my whole career I have never met a student like Sara. I like having students with me and always wanna make sure they have a good day and learn things as I remember how it was to be in nursing school. This student was totally disintrested in learning anything at all, not interested in the periperative process, not interested in the patient or his history or the type of surgery he was having. I was trying to involve her in the room and encouraged her to come see the intubation or ask questions. She told me she wasn't interested in any of this because she wants to do administrative type of job and that she is just here because she needs some hours. I completely understand that we are all different, some of us like the patient care, some of us don't and that's OK. But clinicals are part of nursing program and we all had to participate to earn the grade and the degree. I was completely shock with her behavior, not interested in anything and she made it obvious that she was very bothered to be here. She left the room without saying anything, didn't ask single question and stated she had no interest in this. I just wanna give you some feed back as this was just very surprising to me.  
Thank you for reading this.

Gabi

**Gabriela Novakova**  
Advanced Clinical Nurse

**Valleywise Health**

Phone: 602-344-5760

[Valleywisehealth.org](http://Valleywisehealth.org)

# **EXHIBIT 32**

**From:** Brent Thomas <wbthomas@gmail.com>  
**To:** Kimberly Day  
**Sent:** 7/24/2021 12:00:48 PM  
**Subject:** Student Nurse at County

Kim,

I have never experienced a student like the one you brought to the OR on Saturday (7-24-21). Her name is Sarah. She was disinterested in being there or learning about anything. She sat in the corner and basically looked away. I can understand that seeing wounds for the first time can be overwhelming so we asked her questions to make sure she was ok. She said she was fine and that she had no interest in direct patient care and "just needed to get through this" so she can become an administrator. During the case, she abruptly got up and left for a good amount of time.

It is my opinion that if she wants to be an administrator, she needs to get an administration degree, not a nursing degree. Having the title RN means something. No one should use it as a pass through into administration because everyone who sees your title will make assumptions about your knowledge, experience, and capacity as a nurse first... and then as an administrator. If she were to skip nursing and go directly into administration she would not adequately represent our profession. Please move her into the appropriate degree program for her desired career.

Respectfully,

W. Brent Thomas CRNA  
480-834-7500

# **EXHIBIT 33**

**From:** Reaia Reaves <Reaia.Reaves@valleywisehealth.org>  
**To:** Kimberly Day  
**Sent:** 7/24/2021 1:02:20 PM  
**Subject:** Clinical Student Concern

Hello Kim,

I just wanted to make the program and you aware that today when the student, Sarah, was shadowing in my room today she abruptly exited the room without warning. We came back to the operating room with our patient at around 10 am, Sarah stayed for the intubation, after intubation Sarah walked out of the room leaving behind her lead vest without word. I assumed that she had left for the restroom, however 10 minutes later the student had still not returned. The CRNA as well as the surgical team questioned where the student had went, as they were trying to inform her about the procedure. From this point another surgical nurse entered the operating room to inform me that the student's OR scrubs were left on the locker room bench and her belongings were gone. We did not hear back from the student, there was no forewarning that she was leaving the operating room or the Valleywise Health facility.

Other than leaving early, the student was also disinterested, showed lack of interest in the program, and lack of interest in patient care as well. Due to these concerns, I believe that it is imperative for future patient safety that your education facility review this student. She did mention that she only wants to do administrative work and has no interest in direct patient care as well. These things need correcting before the student be allowed on anymore clinical assignments in my professional nursing opinion.

Best Regards,  
Reaia Reaves, BSN-RN



# **EXHIBIT 34**

**From:** Sara Do <sabedro@asu.edu> on behalf of Sara Do <sabedro@asu.edu>  
**To:** Nancy Kiernan  
**CC:** Sara Do (Student)  
**Sent:** 11/1/2022 6:11:21 PM  
**Subject:** Re: next steps: spring 2023

Ms. Kiernan,

Thank you for the follow up conversation. Relying on the information you shared with me, I will take option 1A. I will submit the SAILS application and quickly begin the process of gathering the requested information so we can reach the reasonable accommodations. In light of the late hour, I cannot submit the SAILS form today, but I will get it submitted tomorrow.

Thank you,  
Sara Do

On Tue, Nov 1, 2022 at 4:11 PM Nancy Kiernan <[nkiernan@asu.edu](mailto:nkiernan@asu.edu)> wrote:

Hi Sara,

As a follow up to our conversation earlier today, please confirm your intent to enroll for the spring 2023 semester by today (November 1, 2023). Once you confirm your intent to enroll, you should immediately begin the intake process with the Student Accessibility and Inclusive Learning Services (SAILS) team. Here is the link to begin the process: <https://eoss.asu.edu/accessibility> (scroll down, select "new registration form").

I understand that you have questions related to accommodations. Once you begin the process with SAILS, and provide supporting documentation, we can review the accommodation items and discuss options, if any, for the spring 2023 semester. Please submit the SAILS request today.

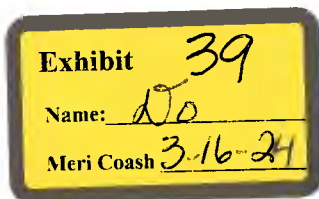
Next steps:

1. Respond to this email confirming your intent to enroll and your intention to select option 1A.
2. Submit the new registration form for SAILS (link provided above).
3. Notify Nancy Kiernan once the SAILS registration form has been submitted.

Once you submit the form, SAILS will reach out to you to begin the process. You will need to submit supporting documentation for SAILS.

Once you respond with your intent to enroll, we will follow up with you on next steps for items related to your spring 2023 courses and clinical placement. This process is separate from the SAILS process.

Thank you!



Nancy Kiernan

Senior Director, Recruitment & Student Services

Edson College of Nursing and Health Innovation

Arizona State University

[nkiernan@asu.edu](mailto:nkiernan@asu.edu)

# **EXHIBIT 35**

<  Professor Serna TTP F... ▾ ⋮

Friday, August 4, 2023

Hello! Just confirming your last shift is tomorrow...

9:41 AM

9:42 AM

Hi! Yes that's correct. I **fell** yesterday and hurt my foot and ankle pretty bad but I'll be there.

7:07 PM

Hi, I just totaled up all of my hours that I have spent at St. Joseph's, and according to my documentation (as well as the text messages that you have asked me to send you when I arrive and when I leave each shift that can serve as time stamps), I have spent 79 hours and 45 minutes on TTP clinicals

View all >

Hi Sara, it was previously communicated that the requirement for TTP is completing 7 full shifts, including report at the beginning and end of each shift.

7:56 PM

Okay so I'll end up putting in 94 hours?

7:57 PM

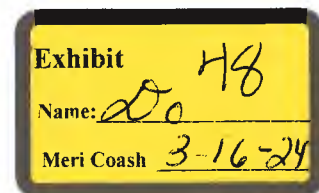
Any exception to this?

You will need to complete the full shift.

7:57 PM

There is no exception, this is the requirement for the course.

8:03 PM



< Me  
7:07 PM, Aug 4

Hi, I just totaled up all of my hours that I have spent at St. Joseph's, and according to my documentation (as well as the text messages that you have asked me to send you when I arrive and when I leave each shift that can serve as time stamps), I have spent 79 hours and 45 minutes on TTP clinicals at St. Joseph.

As you know, we have an 84 hour clinical requirement. Between my foot/ankle/lower leg being injured, and my arrhythmia that's gotten out of control, would it be okay to put in my remaining 4 hours and 15 minutes (to total the required hours for the class) and be done?

I have given report for multiple patients at the end of each shift, and my preceptor has communicated that I'm fluent in giving and taking report using the SBAR format. I've been independently caring for multiple patients also at each shift.

I'm not asking to cut short the 84-hour class requirement, but I don't feel well and, with my injury from falling last night and my arrhythmia that's not been responding to my antiarrhythmic medication, I'm hoping you'll be okay for me to finish the remaining time I have left so I can finish out this class and be done.

Please let me know when you can so I can plan either way. Thank you!



Copy text



Share



More



# **EXHIBIT 36**

1 Michael J. Farrell, AZ Bar No. 015056  
2 [mfarrell@bfazlaw.com](mailto:mfarrell@bfazlaw.com)  
3 **Beyers Farrell PLLC**  
4 99 East Virginia Ave., Ste. 220  
5 Phoenix, AZ 85004-1195  
6 Tel. (602) 738-3022

7 Brian R. England, AZ Bar No. 024888  
8 [bre@agzlaw.com](mailto:bre@agzlaw.com)  
9 **Affeld Grivakes LLP**  
10 2049 Century Park East, Suite 2460  
11 Los Angeles, California 90067  
12 Tel. (310) 979-8700

13 *Attorneys for Plaintiff, Sara Do*

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**UNITED STATES DISTRICT COURT**  
**DISTRICT OF ARIZONA**

Sara Do, an individual,

Plaintiff,

vs.

Arizona Board of Regents, an Arizona State  
Entity; Maricopa County Special Health Care  
District,

Defendant.

**Case No.: 2:21-cv-00190-JJT**

*Assigned to: Honorable John J. Tuchi*

**PLAINTIFF SARA DO'S SUPPLEMENTAL  
RESPONSES TO DEFENDANT ARIZONA  
BOARD OF REGENTS' FIRST SET OF  
SPECIAL INTERROGATORIES**

Action Filed: February 3, 2022

PROPOUNDING PARTY: DEFENDANT ARIZONA BOARD OF REGENTS  
RESPONDING PARTY: PLAINTIFF SARA DO  
SET NUMBER: ONE

Pursuant to Federal Rules of Civil Procedure 26 and 33, Plaintiff Sara Do ("Plaintiff")  
hereby responds to Defendant Arizona Board of Regents' ("ABOR") First Set of Special  
Interrogatories as follows:



**PRELIMINARY STATEMENT**

Plaintiff objects to the Special Interrogatories, Set One, and each individual request therein (collectively, the “Interrogatories”; each an “Interrogatory”) to the extent that the Interrogatories, including any instructions and definitions, seek to impose obligations beyond those contemplated by the Federal Rules of Civil Procedure. Plaintiff does not agree to undertake any obligations beyond those required by the Federal Rules of Civil Procedure.

Discovery and investigation are ongoing. Plaintiff responds to the Interrogatories to the best of his ability based on the information currently available to her. Plaintiff reserves the right to amend or supplement her responses to correct inadvertent errors or omissions, or as additional information comes to light.

Plaintiff objects generally to the extent that the Interrogatories, or any of them, are vague, ambiguous, or unintelligible. To the extent any of the Interrogatories are ambiguous, Plaintiff has interpreted them in good faith and has responded based upon her good faith interpretation.

Plaintiff objects to the extent any of the Interrogatories call for disclosure of information protected by the attorney-client privilege, the work-product doctrine, the spousal privilege, or other applicable privileges and legal protections from disclosure. By responding to any given request or interrogatory, Plaintiff does not intend to waive any applicable privileges or protections. Each response should be interpreted as incorporating an objection on the grounds of all applicable privileges or protections.

By responding to the following Interrogatories, Plaintiff does not concede the relevance or the admissibility of any Interrogatory or response, or any documents produced pursuant to the Interrogatories. Plaintiff reserves all objections to admissibility, including, but not limited to, foundation, personal knowledge, hearsay, authentication, relevance, and undue prejudice.

# # #

**RESPONSES TO SPECIAL INTERROGATORIES**

**INTERROGATORY NO. 1.:**

Identify all Medical Providers who examined or treated You for any physical or psychological ailment, injury, or illness within the last 10 years, including for each Medical Provider, their name, address, and phone number, and the diagnosis/diagnoses and/or treatment(s) You received.

**RESPONSE TO INTERROGATORY NO. 1:**

Plaintiff objects on the ground that this Interrogatory is overly broad and burdensome, and that it is not reasonably tailored to seek relevant information. Plaintiff also objects that this information is equally available to the requesting party which has been provided all of Plaintiff's medical records pursuant to its subpoenas.

Subject to and without waiving the foregoing general and specific objections, Plaintiff responds as follows:

1. Dr. Wilber Su, provider at Banner-University Medicine Heart Institute

Address: 755 E. McDowell Road, Floor 4, Phoenix, AZ 85006

Phone: 602-521-3090

Diagnoses: Diffuse myocardial fibrosis,

Multifocal Premature Ventricular Complexes

Treatments: Antiarrhythmic Medication

2. Dr. Jonathan Weiss, provider at Banner-University Medicine Heart Institute

Address: 755 McDowell Road, Floor 4, Phoenix, AZ 85006

Phone: 602-521-3090

Diagnoses: Diffuse myocardial fibrosis,

Multifocal Premature Ventricular Complexes

Treatments: Antiarrhythmic Medication

1 3. Dr. Kai-Chun Sung, provider at Tri-City Cardiology

2 Address: 6750 E. Baywood Ave. #301, Mesa, AZ 85206

3 Phone: 480-835-6100

4 Diagnoses: Premature Ventricular Complexes

5 Treatments: Antiarrhythmic Medication

6 4. Dr. Huy Phan, provider at Valley Heart Rhythm Specialists

7 Address: 595 N. Dobson Road, # A-5, Chandler, AZ 85224

8 Phone: 480-534-7308

9 Diagnoses: Premature Ventricular Complexes

10 Treatments: Antiarrhythmic Medication

11 5. Dr. Ziad El Khoury, provider at Premier Cardiovascular Center

12 Address: 77 S. Dobson Road, Chandler, AZ 85224

13 Phone: 480-814-0266

14 Diagnoses: Premature Ventricular Complexes

15 Treatments: Antiarrhythmic Medication

16 6. Dr. John Beshai, provider at The Heart Rhythm Institute of Arizona

17 Address: 7221 E. Princess Blvd. #102, Scottsdale, AZ 85255

18 Phone: 480-634-4449

19 Diagnoses: Premature Ventricular Complexes

20 Treatments: Antiarrhythmic Medication

21 7. Dr. Linda Lau, provider at Desert Grove Family Medical

22 Address: 5656 S. Power Road # 126, Gilbert, AZ 85295

23 Phone: 480-545-9686

24 Diagnoses: Cardiac Arrhythmia - Referral to Cardiologist

25 Treatments: Referral to Cardiologist

1 **SUPPLEMENTAL RESPONSE:**

2 Subject to and without waiving the foregoing general and specific objections, Plaintiff  
3 responds as follows:

4 8. Thong Do.

5 Address: 4242 E. Bethena St., Gilbert, AZ 85295

6 Phone: (281) 210-8187

7 Dr. Do is Plaintiff's ex-husband and has been an informal resource of medical  
8 information and support for many years on unrelated issues. With respect to the  
9 disability caused by the COVID-19 vaccine, Dr. Do has provided information and  
10 assistance to Plaintiff on an informal basis. He did not see her as an active patient,  
11 did not bill Plaintiff or her insurance for any consultation or treatment, and is not  
12 included in her group of active, treating physicians. Dr. Do is retired from active  
13 practice and has been for over two years.

14 **INTERROGATORY NO. 2.:**

15 Identify all medications You have been prescribed in the last 10 years.

16 **RESPONSE TO INTERROGATORY NO. 2.:**

17 Plaintiff objects on the ground that this Interrogatory is overly broad and burdensome.  
18 Plaintiff further objects that this Interrogatory seeks information that is neither relevant nor  
19 reasonably calculated to lead to the discovery of relevant information. Plaintiff objects that this  
20 Interrogatory unreasonably invades Plaintiff's privacy. Plaintiff also objects that this  
21 information is equally available to the requesting party which has been provided all of Plaintiff's  
22 medical records pursuant to its subpoenas.

23 **INTERROGATORY NO. 3.:**

24 Identify all Accommodations You allege You requested from ABOR, including for each,  
25 the specific Accommodation requested, whether You contend ABOR granted or denied the  
26 Accommodation, and whether You contend ABOR changed or modified the Accommodation  
27 after it was granted.  
28

1 **RESPONSE TO INTERROGATORY NO. 3:**

2 Plaintiff objects that this Interrogatory is vague and ambiguous as it limits responses to  
3 binary options which do not accurately cover all situations. It is also vague and ambiguous as to  
4 time. Plaintiff further objects on the ground that the Interrogatory is compound.

5 Subject to and without waiving the foregoing general and specific objections, Plaintiff  
6 responds as follows:

7 The following is a list of accommodations requested and/or provided prior to the  
8 commencement of this litigation:

- 9 1. Ability to attend classes remotely; granted; changed.
- 10 2. Ability to take an incomplete for NUR-478; offered; changed.
- 11 3. Ability to complete assignments at an ASU testing center; granted; changed.
- 12 4. Shorter sessions/broken up clinical hour requirements; offered by school in written  
13 materials, including student handbook; changed.
- 14 5. Written assignments to replace clinical hour requirements; given without specific request;  
15 changed.

16 **SUPPLEMENTAL RESPONSE:**

17 Subject to and without waiving the foregoing general and specific objections, Plaintiff  
18 responds as follows:

19 Plaintiff has repeatedly requested that ABOR allow her to complete the required number  
20 of clinical hours in blocks or shifts that are shorter than 12-14 hours. Plaintiff's repeated  
21 requests were supported by specific information from multiple treating physicians, each of  
22 whom made clear that it was unsafe and against medical advice for Plaintiff to try and complete  
23 the shifts as demanded by ABOR. Abor refused that accommodation request, even though  
24 printed materials from ABOR make clear that accommodations to the length of shifts is  
25 expressly allowed and contemplated by ABOR. For example, ABOR's NUR 519 Student  
26 Expectations for TTP Clinical description states "If your unit has shifts that are less than 12  
27 hours then you will need to schedule more than 7 shifts to ensure you complete 84 clinical  
28 hours." ABOR's Master of Science in Nursing (Entry to Nursing Practice) Information Packet

1 also expressly states that “modifications to the physical environment or clinical hours” are some  
2 of the accommodations that are available to students with recognized disabilities.

3 ABOR has offered a shifting set of explanations for why it has refused this reasonable  
4 accommodation, each and all of which lack a reasonable basis and violate the Americans with  
5 Disabilities Act, the Rehabilitation Act, and their Arizona equivalents.

6 *First*, on multiple occasions, ABOR has ignored the information submitted from  
7 Plaintiff’s treating physicians and has demanded additional information from Plaintiff’s doctors  
8 to support her requests. Both Dr. Allison Kaplan and Dr. Jonathan Weiss submitted written  
9 documentation to ABOR supporting Plaintiff’s request for a reasonable accommodation,  
10 emphasizing risks of “significant exertion as well as working very long hours without adequate  
11 breaks.” ABOR’s reckless and bad faith decision to disregard the information submitted by  
12 trained healthcare professions overseeing Plaintiff’s condition violates the law. Significantly,  
13 for an institution that is supposed to be training healthcare providers and professionals, ABOR’s  
14 conduct violates well-established medical concepts of “nonmaleficence” (the ethical principle  
15 under which physicians and nurses do not to harm the patient), “beneficence” (the ethical  
16 principle under which physicians and nurses act for the benefit of the patient), and not  
17 encouraging patients to act “AMA” or against medical advice.

18 *Second*, ABOR and its authorized representatives have repeatedly misrepresented that the  
19 clinical shifts must be completed in 13–14-hour shifts. Going further, these same representatives  
20 have repeatedly asserted that anything less than 13-14-hour shifts would amount to a  
21 “fundamental alteration” of the nursing program. For example, on June 6, 2023, Dr. Victoria  
22 Scheer, ABOR’s Director of Masters Entry and Accelerated Nursing Programs, emailed Plaintiff  
23 and denied her request to schedule her clinical assignments in less than 13-14-hour shifts. Dr.  
24 Scheer stated “You are required too complete 7 full shifts, at approximately 13-14 hours each,  
25 including report at the beginning and end of each shift.” That statement by Dr. Scheer, on  
26 ABOR’s behalf, is false and demonstrably so. There is no requirement by the Arizona Nursing  
27 Board that the shifts be at least 13-14 hours long and the clinical shifts approved by ABOR  
28 faculty routinely last less than 13-14 hours.

1 Nor is Dr. Scheer the only ABOR representative who has repeated this falsehood. In an  
2 email to Plaintiff on January 6, 2023, Alicia Wackerly-Painter. ABOR's Director-Access and  
3 Student Support in ABOR's SAILS office, falsely stated that accommodating Plaintiff's request  
4 for clinical shifts of less than 13-14-hours would be a "fundamental alteration of the program".  
5 Ms. Wackerly-Painter, in a legalese-filled email, stated in part:

6 The required clinical hours are determined by the learning objectives of the  
7 program. While the program does allow students to make up a small  
8 number of missed clinical hours in alternative manners, we want to clarify  
9 that, as per the nursing program handbook, in order to ensure the student's  
10 acquisition of the skills/knowledge for the particular clinical course's  
11 intended learning outcomes, attendance at all clinical learning experiences  
is the general expectation. The number of hours required in the SIM and  
Clinical environments have been determined by the faculty teaching the  
courses as essential elements of the course."

12 As will be shown below, the ABOR nursing program handbook expressly contemplates clinical  
13 shifts of 8-12 hours and nowhere states that 13-14 hour shifts are required. Ms. Wackerly-  
14 Painter's statement is thus false and part of a pattern of ABOR refusing reasonable  
15 accommodations to Plaintiff in direct violation of the law.

16 On May 17, 2023, during a class with Professor Candace Keck (a defendant in the  
17 companion case in Arizona State Court), Plaintiff asked Professor Keck if clinical shifts could be  
18 less than 13-14 hours in length. Professor Keck responded that this specific clinical experience  
19 required a total of 52 hours, but that the facilities being used for the clinical experiences did not  
20 want the ABOR students there in "full shifts" and that it would be at the discretion of the ABOR  
21 faculty present to dismiss students early based on what the facility determines is best on any  
22 given day. Professor Keck also stated that the remaining required hours would be completed via  
23 zoom or online discussion from any remote location as the students and faculty discussed the  
24 clinical experience. These statements by Professor demonstrate that granting Plaintiff's request  
25 for this reasonable accommodation would not amount to a "fundamental alteration" of the  
26 program. Numerous other nursing students were present during this conversation and can  
27 corroborate that clinical shifts often are stopped well short of 13-14 hours.

28 As but one example, for a clinical shift on June 10, 2023, ABOR Professor Bryan

1 Reddick for the class NUR 516 Summer 23, allowed the nursing students to receive 12 hours of  
 2 clinical credit for NUR 516 even though the students spent far less than 12 hours in the virtual  
 3 clinical. In an email to the students in advance of that clinical, Professor Reddick stated that “I  
 4 set the meeting from 0900 until 1600, but I am sure we will not be going this long.” At the start  
 5 of the clinical, Professor Reddick stated that he had to schedule the day for that long in case any  
 6 of the course coordinators were looking at his Zoom schedule for this virtual clinical. The  
 7 session actually went from 9:00 a.m. to 1:00 p.m. At the end of the virtual clinical day,  
 8 Professor Reddick stated that “So our group was different for our virtual clinical day, so don’t go  
 9 telling other students that we finished early just because we did our psychopharmacology  
 10 commercial at a shorter time.” The students responded “Your secret is safe with us,” to which  
 11 Professor Reddick responded “Thank you, have a good day.”<sup>1</sup>

12 When Plaintiff originally completed her NUR 516 Summer 23 Clinical Performance  
 13 Evaluation and accurately reported the number of hours actually spent on the June 10, 2023  
 14 clinical, Professor Reddick changed her evaluation and increased the number of hours to “12”.  
 15 By so doing, Professor Reddick, an ABOR professor and representative, created a false record of  
 16 the hours spent and submitted it to the University. Thus, not only does this example prove that  
 17 there is no actual requirement that the clinical shifts be 13-14 hours long, but also that ABOR  
 18 and its representatives have no issue with creating false records concerning these clinical  
 19 experiences, which are then used to show completion of the program requirements and certify to  
 20 the Arizona Board of Nursing that the requirements have been met.

21 Further, the Edson College of Nursing and Health Innovation BSN Nursing Handbook  
 22 expressly contradicts ABOR, Dr. Scheer, Professor Keck, and Ms. Wackerly-Painter’s false  
 23 statements. In that Handbook’s “General Description of Required Nursing Practice for

24 <sup>1</sup> The point of quoting Professor Reddick is not single him out or cause him issues with ABOR. Rather, it is  
 25 just one of many examples of instances where ABOR professors approve clinical shifts and experiences of  
 26 less than 13-14 hours, many of which can be easily corroborated with the records of the virtual clinicals and  
 27 the records of when ABOR students are physically present for the clinical sessions. For example, for a  
 28 Critical Care clinical shift, ABOR Professor Katelyn Keown dismissed the ASU students at 3 pm because  
 Professor Keown had a night shift that day at another facility and needed time to rest before her other shift.  
 There are numerous examples of ABOR professors approving clinical shifts of less than 13 or 14 hours.  
 ABOR cannot credibly claim that granting Plaintiff’s request to complete her clinicals in less than 13–14-hour  
 shifts would “fundamentally alter” the program.



Students” (pg. 39), it states that “Students usually complete nursing practice in 8- or 12-hour blocks of time.” ABOR has not, and cannot, reasonably explain how granting Plaintiff’s request to complete her clinical hours in 8-hour shifts would constitute a “fundamental alteration” of the program when the program materials expressly contemplate doing them in 8-hour shifts.

*Third*, ABOR pretended to make an accommodation to the 13-14 hour clinical “requirement” by allowing Plaintiff to take a 1-2 hour break during the clinical session if needed to address her disability. In numerous communications, however, ABOR specifically required Plaintiff to pre-schedule these breaks before the clinical started. The express purpose for the accommodation was to allow Plaintiff to address an acute episode of her cardiac condition, something that is impossible to predict and schedule around. In essence, ABOR told Plaintiff that she could have a 1-2 hour break to address a heart attack as long as she told ABOR in advance when that heart attack would happen during the day. ABOR’s position is absurd and in flagrant violation of, *inter alia*, the ADA.

**INTERROGATORY NO. 4.:**

Describe with particularity the factual basis for the allegations in Paragraph 29 of the Complaint.

**RESPONSE TO INTERROGATORY NO. 4:**

Plaintiff objects to this Interrogatory on the ground that it is a contention interrogatory seeking all facts in support of her allegations, even though discovery has only recently commenced. Plaintiff expressly reserves the right to supplement this Response as additional facts and evidence are discovered.

Subject to and without waiving the foregoing general and specific objections, Plaintiff responds as follows:

Do and her fellow students were expressly told that they would have to be fully vaccinated in order to complete their required clinicals and, subsequently, graduate from the Master’s of Nursing program. This was conveyed to them orally on numerous occasions.

On websites maintained by ABOR, including MyClinicalExchange, COVID-19 vaccinations and boosters are listed amongst the medical requirements students must satisfy in

order to be considered in compliance with school rules and in order to be assigned to hospitals to fulfill clinical hour requirements. Students who have not been vaccinated/boosted and provided this information are given a red thumbs-down icon, signifying their inability to enroll in courses. Students may only be exempted from these requirements upon a showing of medical proof, such as a doctor's note why they cannot or should not be required to get the COVID-19 vaccine, and this showing is still subject to ABOR's final approval. Students cannot simply decline to receive this vaccine or not provide vaccination history information. Though there is a process for opting out, the fact that COVID-19 vaccination is the default expected by the school, rather than something that can be freely opted in to, shows vaccination was not voluntary.

Further, ABOR, by and through the Edson College of Nursing, schedules mandatory clinical shifts at various medical institutions which have their own requirements for COVID-19 vaccinations. Students participating in mandatory clinicals are required by these hospitals to be vaccinated. Since these clinicals must be completed to satisfy graduation requirements, ABOR requires compliance with vaccinations requirements through regulations imposed by these hospitals as well.

When Plaintiff received her COVID-19 vaccine in December of 2020, it had just been released earlier that month for mass distribution among healthcare workers with an "emergency use authorization" (EUA) label to bypass the typical years-long safety measures of standard vaccination approvals. ABOR, by and through its administrators of its nursing programs, including at Edson, would have or should have been aware of the possibility of severe reactions.

**INTERROGATORY NO. 5.:**

Describe with particularity the factual basis for the allegations in Paragraph 65 of the Complaint.

**RESPONSE TO INTERROGATORY NO. 5:**

Plaintiff objects to this Interrogatory on the ground that it is a contention interrogatory seeking all facts in support of her allegations, even though discovery has only recently commenced. Plaintiff expressly reserves the right to supplement this Response as additional facts and evidence are discovered. Plaintiff also objects on the ground that this Interrogatory is

1 overly broad and burdensome. Plaintiff further objects to this Interrogatory to the extent that it  
2 seeks the premature disclosure of expert opinion and evidence.

3 Subject to and without waiving the foregoing general and specific objections, Plaintiff  
4 responds as follows:

5 Do received her COVID-19 vaccination in December 2020. She was required to be  
6 vaccinated by ASU and by hospital partners of the school at whose facilities she would be  
7 required to conduct her clinical classes. She had a severe negative reaction to the shot, and  
8 developed a potentially permanent and disabling heart condition as a result.

9 At numerous times following the onset of Do's disability because of complications from  
10 the COVID-19 vaccine, Plaintiff requested reasonable accommodations from ABOR. These  
11 accommodations included the ability to attend class remotely, the ability to complete  
12 assignments and exams at ASU's testing centers closer to Plaintiff's home, and the ability to  
13 break up clinical hour requirements into shorter shifts while still fulfilling the overall required  
14 hours. Do provided supporting materials from her physicians when making these requests. Each  
15 time Plaintiff received an accommodation from ABOR, or in some cases requested  
16 accommodations that ABOR publicly stated it offered, these accommodations were either  
17 granted and later modified or denied outright.

18 Plaintiff requested the ability to attend classes remotely, as had been standard practice  
19 during the COVID-19 pandemic and in light of the fact that she is unable to drive due to her  
20 arrhythmias. ABOR allowed her to do so at first, and then began requiring in person attendance.

21 Plaintiff requested to be able to complete exams and other assignments that must be  
22 conducted in person at an ASU testing center 3 miles from her home. ABOR initially allowed  
23 this, and again changed its mind and began requiring Do to come all the way to campus, 27  
24 miles from her home.

25 When Do missed her clinical shifts in NUR-478, written assignments were placed in her  
26 student portal for the purpose of making up her clinical hours. As Do was completing this work,  
27 which had been affirmatively placed there by ABOR by and through its faculty agents, Do was  
28 instead informed that the work she had largely finished would not qualify and she would still

1 need to make up in person clinical hours.

2 Despite specifically stating in its student handbook and other materials that modifications  
3 could be made to break up clinical hours into shorter sessions for students, an assurance on  
4 which Do relied, ABOR refused to break Do's clinical sessions up in such a way. They instead  
5 assigned her to full, 12+ hour shifts, required to be performed back-to-back, two at a time,  
6 despite knowing that this seriously risked triggering her arrhythmias.

7 On July 24, 2021, when Do arrived to make up the clinical shifts her written work had  
8 not counted towards fulfilling, she was assigned to two trauma surgeries handling horrifying  
9 injuries. When she expressed concern about these environments, in particular the burn surgery  
10 to which she had originally been assigned, and the fact that her arrhythmias are triggered by  
11 stressful situations such as the ones these surgeries presented, Plaintiff's concerns were  
12 dismissed. She attempted to complete her clinicals in these surgeries, even though (i) her  
13 classmate was assigned to far less strenuous ACLS classroom learning that same day for her  
14 makeup clinicals, and (ii) the clinicals Do had missed were bedside shifts. Do eventually went  
15 into arrhythmia despite her best efforts, and had to leave the facility to get her symptoms under  
16 control.

17 Though she tried her best, performed her work while present, and did try to contact her  
18 advisor multiple times before leaving, ABOR, by and through its agents, gave Do a scathing  
19 performance review alleging that she had not done any of those things. It stated she was  
20 unprofessional, had complained that the room was going to be "too warm" for her to attend the  
21 originally assigned burn surgery, had left without telling anyone, and multiple other defamatory  
22 and false statements. The evaluation mocked Do for her disability and the disruption it caused to  
23 her clinical performance because ABOR had placed her in stressful environments when they did  
24 not need to and when they knew that arrhythmias would result. As a result of that evaluation, Do  
25 was given a failing grade in the class. This undeserved grade's harm to her GPA and reputation,  
26 combined with ABOR's unwillingness to provide her promised reasonable accommodations to  
27 help her safely complete work despite her arrhythmias, made it impossible for Do to continue in  
28 her program. This also meant that she would be unable to earn her Master's as intended, or

1 provide for herself and her family once she had acquired it.

2 **INTERROGATORY NO. 6.:**

3 Describe with particularity the factual basis for the allegations in Paragraph 79 of the  
4 Complaint.

5 **RESPONSE TO INTERROGATORY NO. 6:**

6 Plaintiff objects to this Interrogatory on the ground that it is a contention interrogatory  
7 seeking all facts in support of her allegations, even though discovery has only recently  
8 commenced. Plaintiff expressly reserves the right to supplement this Response as additional  
9 facts and evidence are discovered. Plaintiff objects on the ground that this Interrogatory is overly  
10 broad and burdensome. Plaintiff further objects to the extent that this Interrogatory seeks the  
11 premature disclosure of expert testimony and facts.

12 Subject to and without waiving the foregoing general and specific objections, Plaintiff  
13 responds as follows:

14 While performing her clinical shifts at Valleywise on July 24, 2021, Do was assigned to  
15 two separate trauma surgeries. Each was a high-stress environment with clear signs of being  
16 particularly agitating—even for a hospital environment. Each also was a zone she was not  
17 allowed to be in, pursuant to Valleywise policy.

18 Valleywise documentation, such as the “Limitations Applied to All Nursing & Allied  
19 Health Student Experiences” document, which Do provided to Dr. Day ahead of the start of her  
20 clinical shift, clearly states that students are not permitted in rooms requiring a N95 respirator.  
21 In one of Dr. Day’s prior emails, she told Do to make sure she brought an N95 mask for each  
22 clinical shift, since there is not time to test emergency/trauma patients first to determine their  
23 COVID status. Do, who only received one shot of COVID-19 vaccine, is already more  
24 susceptible to contracting COVID with more serious symptoms than individuals who are fully  
25 vaccinated. Dr. Day informed Do that, despite its unequivocal language, the Valleywise rule did  
26 not apply to Do personally, said she was exempt from that rule in the operating room, and that if  
27 she refused to attend any surgery requiring N95 masks, she would not be able to make up as  
28 many clinical hours that day as she needed. Do was knowingly forced to enter surgeries that

1 posed her specific risk of COVID-19 in violation of policies meant to protect her.

2 The first surgery to which Do was assigned was a burn victim, where the operating room  
3 would need to be kept at a high temperature for patient safety. This meant that Do was going to  
4 be placed in an area kept at 100+ degrees for an anticipated 3-hour surgery. Such temperature is  
5 uncomfortable for most people, and a clear risk for aggravating Do's heart condition by placing  
6 extra strain on her body necessary to cope with the heat. The conditions of this surgery also  
7 caused Do concern that she would not have easy access to her medications to help control her  
8 arrhythmias, should one arise, and how her condition might affect treatment of the patient.

9 Do foresaw these problems and expressed concern to Dr. Day, but also made clear her  
10 willingness to participate in the burn surgery if necessary to complete her assignment. Instead,  
11 Dr. Day reassigned Do to another trauma surgery. Here, Do's cases involved severe accident  
12 victims, including one patient who had been degloved—*i.e.*, the skin and muscle from his palm  
13 up to his deltoid had been completely ripped off in a motor vehicle accident, and was spurting  
14 blood and surgical fluids in the operating room. Do at one point was told to stand clear and  
15 attempt to avoid said fluids being sprayed on her. Another patient had been crushed by a  
16 forklift, was nonresponsive when brought in. These cases were extreme and upsetting, and like  
17 the burn assignment, it was obvious that this environment and exposure to such grievous injuries  
18 would be upsetting and heighten anxieties for anyone present. This was even more so the case  
19 for Do, who was known to have arrhythmias triggered by stressful environments. Again,  
20 foreseeably and unsurprisingly, Do began experiencing arrhythmias.

21 Do's disability was known to Day, and the uniquely stressful environments that these  
22 particular assignments posed was or should have been obvious to someone with Dr. Day's years  
23 of education and experience, and based on her work with other nursing students like Do. Do did  
24 her best to complete the assignment, but eventually began experiencing arrhythmias due to these  
25 horrific scenes. The traumatic clinical shift sent Do into tachycardiac ventricular bigeminy. At  
26 11:01 a.m., Do emailed Dr. Day to let her know that she was not feeling well and specified she  
27 was having heart arrhythmia. At 11:07 a.m., she called Dr. Bednarek to try to let her know about  
28 the situation, but Dr. Bednarek did not answer. At 11:30 a.m., she emailed Dr. Day again to let

1 her know that she needed to leave due to aggravation of her heart condition and disability.

2 Do is aware that while she was assigned to these surgeries to perform her clinical  
3 requirements, more suitable alternatives were available at Valleywise. For instance, ASU  
4 program directors and professors assigned one of her fellow students, Theresa Lobato, to a  
5 classroom Advanced Cardiovascular Life Support (ACLS) training to make up for also having  
6 missed clinicals. Such classes generally involve training in advanced life support skills, such as  
7 chest compressions and using Automated External Defibrillators (AEDs). These techniques are  
8 practiced on mannequins, not live patients, and are highly sought after certifications for nurses  
9 who are given priority selection for future job offers when ACLS certified.

10 Following Do's clinical shift, ABOR, by and through its agents, gave Do a scathing  
11 performance review alleging that she had not made any attempt to inform anyone she needed to  
12 leave due to her emergent health situation, was unprofessional, and had complained that the  
13 room was going to be too warm for her to attend the originally assigned burn surgery, amongst  
14 other defamatory and false statements. The evaluation mocked Do for her disability and the  
15 disruption it caused to her clinical performance because ABOR had placed her in stressful  
16 environments when they did not need to and when they knew that arrhythmias would result. As a  
17 result of that evaluation, Do was given a failing grade in the class. This undeserved grade's  
18 harm to her GPA and reputation, combined with ABOR's unwillingness to provide her promised  
19 reasonable accommodations to help her safely complete work despite her arrhythmias, made it  
20 impossible for Do to continue in her program. This also meant that she would be unable to earn  
21 her Master's as intended, or provide for herself and her family once she had acquired it.

22 **INTERROGATORY NO. 7.:**

23 Describe with particularity the factual basis for the allegations in Paragraph 99 of the  
24 Complaint.

25 **RESPONSE TO INTERROGATORY NO. 7:**

26 Plaintiff objects on the ground that this Interrogatory is overly broad and burdensome.  
27 Plaintiff objects to this Interrogatory on the ground that it is a contention interrogatory seeking  
28 all facts in support of her allegations, even though discovery has only recently commenced.



1 Plaintiff expressly reserves the right to supplement this Response as additional facts and  
2 evidence are discovered. Plaintiff objects on the ground that this Interrogatory is overly broad  
3 and burdensome. Plaintiff further objects to the extent that this Interrogatory seeks the  
4 premature disclosure of expert testimony and facts.

5 Subject to and without waiving the foregoing general and specific objections, Plaintiff  
6 responds as follows:

7 While performing her clinical shifts at Valleywise on July 24, 2021, Do was assigned to  
8 two separate trauma surgeries. Each was a high-stress environment with clear signs of being  
9 particularly agitating—even for a hospital environment. Each also was a zone she was not  
10 allowed to be in, pursuant to Valleywise policy.

11 Valleywise documentation, such as the “Limitations Applied to All Nursing & Allied  
12 Health Student Experiences” document, which Do provided to Dr. Day ahead of the start of her  
13 clinical shift, clearly states that students are not permitted in rooms requiring a N95 respirator.  
14 In one of Dr. Day’s prior emails, she told Do to make sure she brought an N95 mask for each  
15 clinical shift, since there is not time to test emergency/trauma patients first to determine their  
16 COVID status. Do, who only received one shot of COVID-19 vaccine, is already more  
17 susceptible to contracting COVID with more serious symptoms than individuals who are fully  
18 vaccinated. Dr. Day informed Do that, despite its unequivocal language, the Valleywise rule did  
19 not apply to Do personally, said she was exempt from that rule in the operating room, and that if  
20 she refused to attend any surgery requiring N95 masks, she would not be able to make up as  
21 many clinical hours that day as she needed. Do was knowingly forced to enter surgeries that  
22 posed her specific risk of COVID-19 in violation of policies meant to protect her.

23 Further, Do’s disability was known to Day, and the uniquely stressful environments that  
24 Do’s assignments posed was or should have been obvious to someone with Dr. Day’s years of  
25 education and experience, and based on her work with other nursing students like Do. Do did  
26 her best to complete the assignment, but eventually began experiencing arrhythmias due to these  
27 horrific scenes. The traumatic clinical shift sent Do into tachycardiac ventricular bigeminy. At  
28 11:01 a.m., Do emailed Dr. Day to let her know that she was not feeling well and specified she



1 was having heart arrhythmia. At 11:07 a.m., she called Dr. Bednarek to try to let her know about  
 2 the situation, but Dr. Bednarek did not answer. At 11:30 a.m., she emailed Dr. Day again to let  
 3 her know that she needed to leave due to aggravation of her heart condition and disability.

4 Do is aware that while she was assigned to these surgeries to perform her clinical  
 5 requirements, more suitable alternatives were available at Valleywise. For instance, ASU  
 6 program directors and professors assigned one of her fellow students, Theresa Lobato, to a  
 7 classroom Advanced Cardiovascular Life Support (ACLS) training to make up for also having  
 8 missed clinicals. Such classes generally involve training in advanced life support skills, such as  
 9 chest compressions and using Automated External Defibrillators (AEDs). These techniques are  
 10 practiced on mannequins, not live patients, and are highly sought after certifications for nurses  
 11 who are given priority selection for future job offers when ACLS certified.

12 During Do's performance of clinicals, she was not provided with reasonable  
 13 accommodations. Instead of acknowledging her disability and working to help her complete her  
 14 assignment, Defendants actively placed her in stressful situations when they did not need to, did  
 15 not make Valleywise personnel (other than Dr. Day) aware of her disability when she came to  
 16 perform her clinical, and constructively forced Do out of the program when she unsurprisingly  
 17 experienced medical episodes due to these actions.

18 **INTERROGATORY NO. 8.:**

19 Describe with particularity all damages You claim to have suffered as alleged in the  
 20 Prayer for Relief of the Complaint.

21 **RESPONSE TO INTERROGATORY NO. 8.:**

22 Plaintiff objects that this Interrogatory calls for the premature disclosure of expert  
 23 testimony, opinions, and work product.

24 Subject to and without waiving the foregoing general and specific objections, Plaintiff  
 25 responds as follows:

26 Plaintiff seeks damages according to proof, related to the harm she suffered because of  
 27 Defendants' failure to accommodate her disability and her resulting emotional distress. In order  
 28 to properly calculate Plaintiff's damages, she will require expert testimony to evaluate various

1 factors including the harm done to her reputation and her earning potential. Do is presently back  
2 in ASU's Master's of Nursing program, trying to complete her degree. She is also still  
3 considering surgical options which may alleviate her disability, though new MRI imaging results  
4 suggest she may not be a candidate for an ablation as previously hoped. These developments  
5 may impact Do's damages as well. Plaintiff will provide an updated calculation of her damages  
6 at such time that a calculation is possible once she has retained an expert and once potentially  
7 mitigating factors have played out.

8  
9 Dated: July 6, 2023

Respectfully submitted,

10 By: /s/ Brian R. England  
11 Brian R. England  
12 Affeld Grivakes LLP

13 Attorney for Plaintiff  
14 Sara Do  
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**VERIFICATION**

I, Sara Do, have reviewed PLAINTIFF SARA DO'S SUPPLEMENTAL RESPONSES TO DEFENDANT ARIZONA BOARD OF REGENTS' FIRST SET OF SPECIAL INTERROGATORIES, know their contents, and declare under penalty of perjury under the laws of the United States that the responses are true and correct based on my personal knowledge at this time.

Executed on July 6, 2023 in Gilbert, Arizona,

  
Sara Do

**PROOF OF SERVICE**

I, the undersigned, certify and declare:

I am over the age of 18 years and am employed in the County of Los Angeles, State of California. I am not a party to this action. My business address is 2049 Century Park East, Suite 2460, Los Angeles, CA 90067.

On July 6, 2023, I served a true copy of the following documents as described herein:

**PLAINTIFF SARA DO'S SUPPLEMENTAL RESPONSES TO DEFENDANT ARIZONA BOARD OF REGENTS' FIRST SET OF SPECIAL INTERROGATORIES**

I served true copies of the foregoing on the interested parties as follows:

<b><u>Party(ies)</u></b>	<b><u>Address(es) for Service</u></b>
Attorneys for Defendant Arizona Board of Regents	Mary R. O'Grady, 011434 Kristin L. Windtberg, 024804 Joshua J. Messer, 035101 OSBORN MALEDON, P.A. 2929 North Central Avenue, 21st Floor Phoenix, Arizona 85012-2793 (602) 640-9000 <a href="mailto:mogrady@omlaw.com">mogrady@omlaw.com</a> <a href="mailto:kwindtberg@omlaw.com">kwindtberg@omlaw.com</a> <a href="mailto:jmesser@omlaw.com">jmesser@omlaw.com</a>
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**ONLY BY ELECTRONIC TRANSMISSION:** Only by emailing the document(s) to the persons at the e-mail address(es). Pursuant to stipulation of the parties, court order, or consent to electronic service, I caused the foregoing to be served on the interested parties via email or electronic delivery through an electronic delivery service. No electronic message or other indication that the transmission was unsuccessful was received within a reasonable time after the transmission.

I hereby certify under penalty of perjury under the laws of the United States that the foregoing is true and correct.

Dated: July 6, 2023

/s/ Brian R. England

Brian R. England